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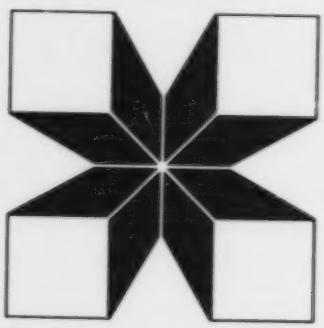

CANADA

INSTITUTIONAL DEVELOPMENT IN POPULATION AND REPRODUCTIVE HEALTH

PROCEEDINGS OF A WORKSHOP HELD IN SALY PORTUDAL, SENEGAL, 3 – 4 NOVEMBER 1988

LE DÉVELOPPEMENT INSTITUTIONNEL EN POPULATION ET SANTÉ DE LA REPRODUCTION

COMPTE RENDU D'UN SÉMINAIRE TENU À SALY PORTUDAL, SÉNÉGAL, 3 – 4 NOVEMBRE 1988

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This series includes meeting documents, internal reports, and preliminary technical documents that may later form the basis of a formal publication. A Manuscript Report is given a small distribution to a highly specialized audience.

La présente série est réservée aux documents issus de colloques, aux rapports internes et aux documents techniques susceptibles d'être publiés plus tard dans une série de publications plus soignées. D'un tirage restreint, le rapport manuscrit est destiné à un public très spécialisé.

Esta serie incluye ponencias de reuniones, informes internos y documentos técnicos que pueden posteriormente conformar la base de una publicación formal. El informe recibe distribución limitada entre una audiencia altamente especializada.

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December/Décembre 1990

Institutional development in population and reproductive health

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held in Saly Portudal, Senegal,
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ALLOCUTION D'OUVERTURE PRONONCEE

PAR

MME THERESE KING

MINISTRE DE LA SANTE PUBLIQUE

A L'OCCASION DU SEMINAIRE SUR

"LE DEVELOPPEMENT INSTITUTIONNEL EN POPULATION ET SANTE DE LA REPRODUCTION EN AFRIQUE AU SUD DU SAHEL"

Développement institutionnel en Population et Santé de la Reproduction en Afrique au Sud du Sahara est le thème de cette importante réunion qui regroupe donateurs et experts africains.

A la suite des nombreuses réunions tenues sur ce sujet, la présente rencontre se veut un forum où, au-delà du débat d'idées sur les questions très actuelles de population, santé et développement, des stratégies seront mises au point en vue de rendre opérationnelles les recommandations qui seront formulées.

Ce souci de pragmatisme est fort justifié quand on sait que les institutions africaines ont beaucoup de difficultés à développer des programmes de travail conséquents pour des raisons diverses qu'il conviendrait de cerner afin d'y apporter les solutions les plus appropriées.

Le sous-thème Santé de la Reproduction et Survie des Enfnats en Afrique au Sud du Sahara retient particulièrement mon attention. La Déclaration de la Politique de Population du Sénégal, adoptée en avril 1988 retient comme première stratégie la Santé de la mère et de l'enfant.

En vérité, l'accent a toujours été mis sur ces groupes vulnérables que sont les enfants et les femmes en âge de procréer. Les différents Plans de développement économique et social en temoignent ainsi que la création de plusieurs Centres de Protection maternelle et infantile, après l'indépendance. Actuellement, au Sénégal ces Centres sont coordonnés et supervisés par le Service national de Santé maternelle et infantile dont les prérogatives et les moyens d'action ont été renforcés.

A la 41ème Assemblée mondiale de la Santé tenue à Genève en mai dernier, une résolution a été adoptée sous la côte WHA 41.9 intitulé "Programme spécial de recherche, de développement et de formation à la recherche en reproduction humaine" qui approuve les orientations retenues dans ce domaine.

La stratégie des Soins de Santé primaires adoptée par la Communauté internationale pour atteindre l'objectif "Santé pour tous en l'an 2000" met en exergue la Santé Maternelle et infantile y compris la planification familiale parmi les huit composantes minimales proposées à la Conférence d'Alma Ata en septembre 1978.

Les innombrables défis qui interpellent la conscience humaine concernant ces groupes cibles sont la justification essentielle de l'intérêt particulier qui leur est porté.

A titre d'exemple, au Sénégal, 58 % des décès concernent les enfants de moins de cinq ans avec pour principales causes le paludisme (39 %), les diarrhées (23,8 %°), les maladies respiratoires d'origine infectueuse (23 %), la rougeole (10,9 %), le tétanos (5,4 %) et la méningite (3,5%).

La mortalité maternelle est très élevée, estimée à 530 décès pour cent mille naissances vivantes avec pour principales causes les hémorragies du post partum, les dystocies et les infections.

Les groupes les plus touchés sont les multipares de 35 ans et plus et les adolescentes de moins de 18 ans.

La planification familiale adoptée par la plupart des pays africains constitue une réponse valable pour la résolution de ce dernier problème. Elle compte non seulement l'espacement des naissances, la lutte contre la stérilité mais également la lutte contre les maladies sexuellement transmissibles. La surveillance de la grossesse, l'accouchement assisté et les soins périnataux sont des mesures nécessaires.

Beaucoup d'efforts ont été faits pour lutter contre ces fléaux avec une assistance constante et un soutien financier et matériel important de nos partenaires bailleurs de fonds dans le cadre de la coopération bilatérale comme multilatérale.

Au nom du Chef de l'Etat, je vous remercie pour cette constante sollicitude et vous encourage à rester à nos côtés pour que la bataille du développement soit gagnée.

Ce n'est pas la volonté politique qui manque, elle s'est concrétisée à maintes occasions mais la Santé en elle-même est un défi colossal.

Son caractère nécessairement inter-sectoriel, ses interactions réciproques avec l'environnement socio-culturel, la population et le développement économique rendent encore plus complexes les problèmes liés à la Santé.

Au delà de la définition de la santé comme un état de complet bien- être physique, mental et social, nous la considérons avec Monsieur DAMIBA, Directeur régional du PNUD pour l'Afrique comme un "équilibre orienté", une "polémique provisoirement victorieuse avec le vieillissement et la dégradation de l'énergie".

Ainsi, la santé définie de manière dynamique est une "force plutôt qu'un état", force au service du développement dans une inter-relation aujourd'hui bien acceptée.

La santé est le produit du développpement socio-économique mais elle est également un facteur essentiel et un investissement pour le développement.

C'est le Professeur Marc SANKALE, éminent homme de science qui écrivait : "l'indicateur le plus sensible, autrement dit le plus précoce, de la détérioration d'une situation économique est son voyant médico-sanitaire".

La Santé a cessé d'être l'affaire des ministères chargés de la Santé, tant les facteurs qui l'influencent sont nombreux. Comment peut-on parler de bonne santé sans un environnement salubre, un habitat adéquat, certaines conditions alimentaires et nutritionnelles, un emploi générateur de revenus, bref, quand les besoins physiologiques et le minimum vital que ne peut garantir qu'un développement harmonieux, ne sont pas satisfaits ?

Le sommet de l'OUA de juillet 1987 a adopté une résolution sous le titre "La santé, base du développement en Afrique".

Ces deux actes de grande portée illustrent, s'il en est encore besoin, la claire conscience des dirigeants africains des interactions réciproques entre Santé et développement.

Toute planification du développement doit inévitablement prendre en compte les producteurs et les consommateurs dans leurs caractéristiques essentiels dont les effectifs, la structure par âge et par sexe, la répartition géographique et leur évolution dans le temps.

C'est pourquoi, depuis la Conférence mondiale sur la Population tenue à Bucarest en 1974, il a été suggéré d'intégrer les variables démographiques dans la planification au développement.

Les Etats africains ont bien compris qu'il faut des bras valides pour arriver à l'auto-suffisance alimentaire. Toutefois, les possibilités de production étant limitées dans l'espace comme dans le temps, il importe de les accorder au nombre de consommateurs.

Les impacts attendus des résultats positifs du développement socio-économique sont annihilés par un accroissement beaucoup plus rapide de la population.

La volonté politique des Etats-membres du Comité permanent Inter-Etat de Lutte contre la Sécheresse dans le Sahel (CILSS) de maîtriser et d'intégrer les variables démographiques dans la planification du développement, s'est concrétisée à travers la création en 1978 de l'Unité Socio-Economique et Démographique (USED) devenue depuis janvier 1988 le Centre d'Etudes et de Recherche sur la Population et le Développement (CERPOD) basé à Bamako en République soeur du Mali.

Depuis, des efforts importants ont été faits et de réels progrès réalisés grâce au dynamisme de l'équipe d'experts africains à la tête de l'USED/CERPOD avec l'appui financier des bailleurs de fondss.

Sur une échelle plus large, on peut citer l'Institut de Formation et de Recherches démographiques basé à Yaoundé, création de la Commission Economique pour l'Afrique.

Il reste qu'au niveau de chaque pays, les Universités, les Instituts nationaux de recherches, les personnels qualifiés des ministères chargés de la santé et du développement social doivent s'intéresser d'avantage et de manière prioritaire, à la recherche.

Votre rencontre d'aujourd'hui pourrait également aider les Etats à trouver les facteurs de motivation pour une réelle promotion et un développement des activités de recherche.

Parmi les facteurs de motivation, peut-être pourrions-nous retenir déjà, la formation à la méthodologie et à la pratique de la recherche, l'adoption d'un statut particulier pour les chercheurs, l'accès au financement et le sponsoring de la recherche, la collaboration entre chercheurs et la coopération internationale dans le cadre d'un véritable réseau et bien sûr, l'utilisation effective des résultats des recherches par les décideurs.

La trilogie Santé - Population - Développement a depuis longtemps trouvé des disciples convaincus. Il reste à trouver une méthodologie pertinente pour les intégrer et à mettre en oeuvre une stratégie efficiente permettant de disposer de données statistiques fiables.

Les domaines et intérêt de la recherche en reproduction humaine sont multiples et tous les thèmes sont actuels. Il serait utile de procéder à des enquêtes démographiques et sanitaires pour disposer de données qui serviront d'intrants à bien des recherches.

Les composantes du mouvement de la population en particulier la mortalité, me paraîssent utiles à maîtriser.

Les comportements et les attitudes des populations face à la santé de la reproduction, le statut de la femme et fécondité, les études anthropométriques chez les enfants sont quelques axes de recherche.

Ces thèmes de recherche relèvent d'une approche multidisciplinaire intégrant les dimensions sociologiques, économiques, démographiques et sanitaires.

Comme l'écrit Cheikh Hamidou KANE, ancien Ministre du Plan et de la Coopération "les besoins humains sont inséparablement économiques, sociaux, sanitaires et culturels".

De même, les problèmes de Santé de la mère et de l'enfant pris isolément risquent de ne pas connaître de solutions efficaces et durables.

La santé doit être considérée dans toute sa dimension inter-sectorielle, pensée et vécue en tenant compte du contexte socio-économique dans lequel elle baigne, avec toutes les contraintes imposées par l'environnement socio-culturel qui commande les comportements et les attitudes.

Il faut une approche globale pour arriver à la résolution des problèmes de l'humain dans le système. C'est pourquoi, je me rejouis de votre rencontre d'aujourd'hui qui s'inscrit dans le cadre d'une large vision comme en témoignage la diversité des thèmes à débattre tout en maintentant comme centre d'intérêt principal la recherche, sève nourricière de toute activité intellectuelle et garante des victoires de l'homme sur lui-même et sur la nature.

Je conclurai par cette phrase de Cheikh Hamidou KANE que je cite à nouveau : "le sauvetage de centaines de milliers de jeunes enfants condamnés à périr de malnutrition ou de maladie s'impose comme un impératif immédiat à condition qu'il soit une étape pour d'autres actions et un élément d'une approche globale qui seule, à la longue, permettra aux enfants d'Afrique de survivre et au delà, de vivre le développement".

Je vous remercie et déclare ouverte la réunion des donateurs sur le thème Développement Institutionnel en Population et Santé de la Reproduction en Afrique au Sud du Sahara.

REVIEW OF INSTITUTIONAL CAPACITIES AND HUMAN RESOURCES IN POPULATION AND REPRODUCTIVE HEALTH IN SUB-SAHARAN AFRICA

by

George F. Brown
Anrudh K. Jain
Benjamin Gyepi-Garbrah

The Population Council

This review was initially conducted in 1985 by Anrudh K. Jain, with support from the Canadian International Development Agency. It was updated and revised in 1988 by George F. Brown and Benjamin Gyepi-Garbrah, with partial support by the Rockefeller Foundation. Information on institutional capacities i n reproductive health were added.

This review does not pretend to be exhaustive, due to incomplete responses to mailed questionnaires, and the inability of authors to visit many of the countries of Africa. It is hoped, however, that the review is sufficiently comprehensive to enable conclusions to be drawn, and to provide a useful background to the deliberations of the meeting on "Institutional Development in Population and Reproductive Health."

The authors wish to thank colleagues at the Population Council, Rockefeller Foundation, Ford Foundation, International Development Research Centre, United Nations Populations Fund, and many African institutions for their contributions and suggestions.

REVIEW OF INSTITUTIONAL CAPACITIES AND HUMAN RESOURCES IN POPULATION AND REPRODUCTIVE HEALTH IN SUB-SAHARAN AFRICA

I. OVERVIEW

The problems and issues facing African nations in population, health and development cannot be addressed adequately in the absence of the necessary institutional base and the required trained personnel within the region. Each country has a primary need to achieve the capacity to understand and address its own population-related problems within its own development context. Without such a capacity, appropriate and acceptable ways to solve population-related problems cannot be identified, implemented and evaluated. A long-term perspective is required for the development of such capacities. African countries differ in terms of the availability of trained personnel, their capacities to produce trained manpower, and their anticipated requirements for the future.

A survey was undertaken by the Population Council in 1985 and updated in 1988 to assess the existing institutional capacities and human resources in sub-Saharan Africa (SSA); to examine the experience to date of institutions involved in training Africans; and to seek appropriate strategies for long-term improvement in this crucial area. This report summarizes the results of this effort.

Not all African institutions and countries are included in this review. It focusses on the assessment of professionals trained in population studies (demography and related social sciences), in reproductive health (excluding medical training), and the institutions established to train such people. While research activities and needs are mentioned, they are not examined in a comprehensive fashion. An important area excluded from this review is the neeed for people with managerial skills required to implement population programs. Assessment of existing training facilities is based on a review of training institutions throughout sub-Saharan Africa with emphasis on selected institutions in Ghana, Kenya, Nigeria, Togo, Zaire, and Zimbabwe. Regional training and research centers include: the Regional Institute for Population Studies (RIPS) in Accra, Centre d'Etudes et de Recherches sur la Population pour le Développement (CERPOD) of the Institut du Sahel in Bamako; African Institute for Economic Development and Planning (IDEPA) in Dakar; and the Institut de Formation et de Recherche Démographique (IFORD) in Yaoundé. Selected training and research institutes in Europe, North America and Australia are also reviewed.

II. RECENT EFFORTS TO ANALYZE POPULATION ISSUES AND INSTITUTIONAL NEEDS

The increasing problems related to rapid population growth in African have resulted in a growing concern in a substantial number of countries, and the formulation of national population policies and programs. This has stimulated a demand for trained professionals and policy-relevant research. Much research, however, has been narrowly demographic, and has been hampered by problems of data scarcity. There has been little exploration of population issues in a broader development perspective.

A number of demographic surveys were undertaken in francophone African countries in the 1950s and 1960s. The late 1960s and early 1970s saw significant research contributions from an interdisciplinary team in West Africa organized by the Population Council, which gave fertility research and population-development interactions a larger role. This period also saw a systematic demographic research program evolve in Senegal and other francophone countries, supported by ORSTOM. Beginning in the early 1970s, many African countries undertook their first comprehensive censuses, with United Nations support.

A survey undertaken by the Population Council in 1970 revealed that only four universities in Africa (out of forty-two surveyed on the continent, excluding Egypt) offered three or more courses in demography. Another survey undertaken in 1974 revealed that the situation had changed greatly in the intervening four years. There were significant programs in demography and related social sciences in eight universities-- Dar-es-Salaam, Ghana, Ife, Ibadan, Lagos, Nairobi, Nigeria and Zaïre. Demographic units had also been established within regular academic department at the Universities of Liberia and Sierra Leone (Fourah Bay). Demographic courses were also offered at other universities in Ethiopia, Côte d'Ivoire, Rwanda, Senegal, Uganda, and Zambia. In addition to university-based activities, demographic research and in some cases training was under way in governmental agencies in Burkina Faso and Senegal, which reflected the French tradition of demographic research as a government-linked, and not a university activity. Two regional centers--RIPS in Accra and IFORD in Yaoundé--were established in the early 1970s. In all, 14 - 9 - sub-Saharan African countries had some program of demographic research and training in the early 1970s, although M.A. level training was offered in only five of these countries.

Beginning in the 1970s, several medical schools initiated reproductive health research and training, in addition to standard clinical education. WHO's program in Human Reproduction has provided significant support to Benin, Cameroon, Kenya, Nigeria, Senegal, Tanzania and Zambia. A few community research projects were established, of which at least three were extensive, long-term field studies (the Danfa project in Ghana, the rural MCH/FP project in Calabar, Nigeria, and the Machakos project in Kenya). Other field studies in maternal and child health, family planning and primary health care served as a basis for training and research in several countries. Greater attention has been given recently to maternal mortality and sexually transmitted diseases, especially AIDS.

A survey of social science work in the population field undertaken by the International Review Group (IRG) in the late 1970s characterized research in sub-Saharan Africa as inadequate. The review also demonstrated that very little was being done on determinants of demographic behavior, and what research did exist was done largely in anglophone countries, and was predominantly urban. Even the basic task of describing trends and levels with a modicum of accuracy was found to be far from adequate for the entire region.

The situation concerning the availability of data has steadily improved, but is still inadequate and uneven. More and more countries have conducted censuses and household surveys. With financial and technical help from the UN, almost all countries have had a national census since the middle of the 1970s. As many as 24 countries have participated in the 1980, round of censuses. Since 1986 the UNFPA has collaborated with ECA to prepare for the 1990 round of population and housing censuses in Africa. Under the auspices of World Fertility Survey program, national fertility surveys have been carried out in Benin, Cameroon, Ghana, Cote d'Ivoire, Kenya, Lesotho, Mauritania, Nigeria, and Senegal. Contraceptive Prevalence Surveys have also been carried out in Botswana, Kenya, Mauritius, Somalia, Zaire and Zimbabwe. Similar surveys have also been conducted or are planned under the ongoing Demographic and Health Surveys program. So far 13 African countries have taken part in this program.

Several regional African organizations have attempted to stimulate research and professional exchange in Africa, but these attempts have generally been fraught with problems. The Population Association of Africa, for exemple, had become largely inoperative, but efforts are under way to revive it; and some relatively more established ones are inactive with respect to population matters. Others which were inactive have recently been reactivated (e.g., CODESRIA, Center for Demographic Research, Nsukka, Nigeria).

The United Nations has been involved in at least four institutions--the Economic Commission for Africa (ECA) in Addis Abeba; Institut de Développement Economique et de Planification/Institute for Economic Development and Planning (IDEP) in Dakar; Regional Institute for Population Studies (RIPS) in Accra; and Institut de Formation et de Recherche Démographiques (IFORD) in Yaoundé. The last three are reviewed in Section III.

Other U.N. organizations figure to some degree in the overall picture for training and research on population and development in sub-Saharan Africa. WHO has supported reproductive health training and research in several countries. In 1981, the World Bank published an agenda for accelerated development in sub-Saharan Africa that attempted to incorporate population with development issues. The Bank in late 1970s completed a large-scale project to document migration in West Africa and in 1986 published its policy study on "Population Growth and Policies in sub-Saharan Africa." UNESCO since the early 1980s has collaborated with UNFPA to introduce population/sex/family life education into both formal and informal education in a few African countries. ILO has supported population and manpower planning efforts in a number of African ministries of planning.

Institutional development in the region has clearly expanded over the past two decades, but much more needs to be done. There have been some notable failures, particularly in intercountry institution building. A body of knowledge on population-related issues in Africa can clearly be identified, although of uneven quality, coverage and focus. Inadequacy of data, overall low national priority for population, and insufficient local and international support for new and existing institutions are major impediments. Any new effort of institutional building in SSA should be based on a systematic review and assessment of the success and failures of existing institutional structures, unmet needs for manpower training, and the required policy-relevant research on population and development issues. An attempt in this direction is made in the remaining sections of this report. The current status of insitutions to train African professionals in population studies is assessed in section III, which includes a review of training facilities in Africa as well as outside the region. In section IV, we present an assessment of existing training human resources and anticipated needs. Finally, elements of a strategy to create the necessary infrastructure to address population issues in Africa are discussed in Section V.

III. CURRENT STATUS OF TRAINING OF AFRICAN PROFESSIONALS

Development of institutional capabilities and human resources is essential in order to address national population problems. The ultimate goal of institutional development is improved public policies and programs. The intermediate goals include the development of local capacities to: (1) train individuals to contribute directly to the long-term goals of improved national population, (2) produce research relevant to that goal, and (3) provide technical support to implement and evaluate those population policies.

Most of the requirements for trained human resources can be met by developing training facilities within a country. These country-specific efforts, however, need to be supplemented in important ways through training of nationals outside their country of origin, e.g., in regional training centers - 11 - and in institutions outside the region. Similarly, significant contributions to knowledge are also made through Africa-focussed research at institutions outside Africa.

In an attempt to capture this diversity, this review is based on selected institutions in seven countries; two regional institutions; three institutions; three institutions with special emphasis on community based reproductive health; one sub-regional institution (Sahale Institute); one Africa-wide institution (IDEP); and a few institutions and universities in Australia, Europe and North America.

A. Training Capabilities in sub-Saharan Africa

Table 1 provides a list of institutions in sub-Saharan Africa engaged in population and reproductive health studies and research in 1988. These institutions are divided into three groups: a) universities with graduate degree programs in population studies, b) universities with some Ph.d.-level faculty and training and/or research activities, and c) regional institutions.

Graduate level (Master's or Doctoral) degree programs in population studies are offered at only four universities--Ghana, Nairobi, Ife, and Dar-es-Salaam--all in anglophone countries. In addition, graduate level training in population studies is also offered at the two regional institutions--RIPS and IFORD. The number of institutions engaged in training Master's level students in population studies has not changed since the mid-1970s. In fact, institutional development in sub-Saharan Africa has not been given high priority from internal and external funding agencies since the mid-1970s, with the possible exceptions of University of Nairobi where the Population Studies and Research Institute was established, and the Centre d'Etudes et de Recherches sur la Population pour le Développement (CERPOD) in Bamako, Mali.

TABLE 1

INSTITUTIONS IN SUB-SAHARAN AFRICA ENGAGED IN POPULATION AND REPRODUCTIVE HEALTH STUDIES AND RESEARCH IN 1988

A. Universities with graduate degree (Master's or Doctoral) programs in population studies:

University of Nairobi Population Studies & Research Institute	Kenya
University of Ife Department of Demography & Social Statistics	Nigeria
University of Dar-es-Salaam Faculty of Arts & Social Science	Tanzania

B. Other universities with some PH.D.-level faculty and research and/or training activities:

University of Ghana a) Department of Sociology b) Department of Geography c) Department of Community Health	Ghana
University of Cape Coast a) Demographic Unit, Sociology Dept b) Geography Department	Ghana
Université Nationale de la Côte d'Ivoire Centre Ivoirien de Recherches Economiques et Sociales (CIRES)	Côte d'Ivoire
University of Liberia Demographic Unit	Liberia
University of Benin a) Department of Geography b) Department of Sociology and Anthropology c) Department of Community Health d) Department of Obstetrics and Gynecology e) Center for Social, Cultural and Environmental Research	Nigeria
University of Ibadan a) Department of Sociology b) Department of Geography c) Department of Obstetrics and Gynecology	Nigeria

Bayero University Department of Sociology	Nigeria
University of Lagos a) Department of Sociology b) Department of Geography	Nigeria
Lagos State University a) Department of Sociology b) Department of Geography c) Department of Political Science	Nigeria
University of Nigeria a) Department of Sociology b) Department of Economics and Statistics c) Center for Demographic Research	Nigeria
University of Calabar Department of Sociology	Nigeria
Imo State University Department of Sociology	Nigeria
Ahamadu Bello University a) Center for Social & Economic Research b) Department of Obstetrics and Gynecology	Nigeria
Ondo State University Department of Sociology	Nigeria
University of Jos a) Center for Development Studies b) Department of Sociology	Nigeria
University of Port Harcourt a) Department of Obstetrics and Gynecology b) Department of Sociology	Nigeria
Université de Dakar a) département d'histoire b) département d'économie	Senegal
University of Sierra Leone Institute for Population Studies Fourah Bay College University of Sierra Leone	Sierra Leone
Université du Bénin Unité de Recherche Démographique	Togo

Makerere University Institute of Statistics & Applied Economics	Uganda
Université de Kinshasa Département de démographie, Faculté des Sciences Economiques	Zaire
University of Zimbabwe Department of Sociology and Centre for Applied Social Statistics	Zimbabwe

C. Regional training and research institutions:

Institut de Formation et de Recherche Démographique (IFORD)	Cameroon
Centre Régional d'Etudes de Population (CREP)	Central African Republic
U.N. Economic Commission for Africa, Population Division (ECA)	Ethiopia
Regional Institute for Population Studies (RIPS)	Ghana
African Medical and Research Foundation (AMREF)	Kenya
Institut du Sahel, Centre d'Etudes et de Recherches sur la Population pour le Développement (CERPOD)	Mali
Institut de Développement Economique et de Planification (IDEP)	Sénégal
Center for African Family Studies (CAFS)	Kenya

Over twenty additional universities in sub-Saharan Africa were found to have one or more Ph.D. level faculty and were engaged in research and/or offer courses in demography as a part of B.A./M.A. degrees in social and medical sciences--sociology, anthropology, economics, geography, history, community health, obstetrics and gynecology. These facilities were concentrated in anglophone Africa. Twelve of these universities are in Nigeria alone. In francophone Africa, only four countries have some training and research in population and reproductive health studies. Thus, the geographic coverage of training in population studies at the undergraduate level has not changed much since the mid 1979s.

The United Nations established two regional population centers--RIPS in 1971 in Accra and IFORD in 1972 in Yaoundé. These centers are engaged in training and conducting Africa-focussed research in population studies. Africa-focussed research is also carried out at the Sahel Institute in Bamako and through the U.N. Economic Commission for Africa in Addis Ababa. Once again, with the important exception of the Sahel Institute, the situation with respect to regional institutes has not changed much since the mid 1970s.

The experiences of a few selected institutions are briefly summarized in the following paragraphs:

University of Nairobi, Kenya. The teaching of demography at the graduate level at the University of Nairobi started in 1977 with the establishment of the Population Studies and Research Institute (PSRI). A two year M.A./M.SC. degree program in population studies at the Institute consists of eight courses during the first year, and a research project including a thesis during the second year. A 12-month diploma program, designed for civil servants, was introduced in 1984. The PSRI has also organized workshops and seminars for senior civil servants not only from Kenya but from Tanzania, Somalia, Uganda and Zambia as well. There are 11 qualified Kenyan staff at PSRI. Ten of them have Ph.D. degrees. Fifty-one students have gone through the M.A./M.SC. program between 1979 and 1987; six are expected to graduate in 1987/88; and two candidates have completed their Ph.D. program at the PSRI. Most of the graduates with M.A./M.Sc. degrees have been employed by the government.

At present, the PSRI budget is completely provided by the university. From 1978 to 1983 funds for the establishment of PSRI were provided by USAID with the Population Council providing about 15 person-years of resident faculty, and facilitating Ph.D.-level training in U.S. The Ford Foundation provided three post-doctoral fellowships and funded the Diploma Program for two years. Funds for graduate training were provided by USAID, UNFPA, IDRC, and the Rockefeller Foundation. Research funds have been provided by IDRC and the Ford Foundation, and most recently by DANIDA.

The Institute's M.A./M.Sc. program has fluctuated with the availability of scholarships from donor agencies. The University has supported only a few students through this program. The Institute requires more funds for scholarships, research and some Ph.D. level and post-doctoral training abroad.

The PSRI has all the assets needed for a successful training and research institute, and enjoys strong national and international support. A new director has recently been appointed to further strengthen the research and training program.

African Medical and Research Foundation (AMREF), Nairobi, Kenya. Founded in 1957, AMREF is a non-governmental organization focusing on the identification of the health needs of Africa in order to develop, implement and evaluate methods and programs to meet those needs through service, training and research. Among other things, AMREF's current programs include primary health care and the training of community health workers, training of rural health staff through continuing education, teacher training and correspondence courses. It also undertakes the development, printing and distribution of training manuals, medical journals and health education materials; the application of behavioral and social sciences to health improvement; and support for remote health facilities including surgical, medical and public health services. Other activities include medical research into the control of communicable diseases, and planning and evaluation consultancy services. AMREF is funded by governments, NGOs in Africa, Europe and North America as well as from private donors. Its graduates are found in various health fields in Tanzania, Somalia,

Kenya, Uganda, and Sudan. Research output so far includes clinical research studies, operations research and evaluation studies, and health sector studies.

University of Nairobi Reproductive Health Research. The Department of Obstetrics and Gynecology has been deeply involved for several years with a rural reproductive health longitudinal research project in the district of Machakos. Studies in the delivery of MCH and family planning services have been supported first by the Dutch Government, and more recently by WHO. The Departments of Community Medicine and Infectious Disease have collaborated in important research on AIDS transmission in Nairobi. These are examples of medical school departments collaborating on reproductive health problems having significant policy implications.

Several other medical schools in Africa are also becoming more involved in reproductive health issues, including family planning, maternal mortality and AIDS research, sometimes including population-based field research. This should have an impact on the future training of African health professionals. It certainly highlights the needs for increased training in reproductive health

Université de Bénin, Lomé, Togo. Teaching in demography is based within the economics program and other departments at the university. At the undergraduate level 30 students per year receive demographic training through 150 hours of course work, out of which 3 to 4 receive a maîtrise in economics. Most of the graduates are employed by various government ministries. Many graduates in demography receive further training at IFORD or the Institut de Démographie de Paris. The Unité de Recherche Démographique (URD) provides facilities for undertaking demographic research, which has been primarily focussed on fertility and nuptiality in southern Togo. Plans for the coming years include more diversified program of research, including migration studies.

Financial support includes a UNFPA grant for basic support, while assistance has also been provided by the Universities of North Carolina, Ghana and Benin, the Population Council, IDRC, INED, CIE, and the Ford Foundation. The Unit consists of six demographers. Other professionals include a sociologist, a statistician, an economic statistician and a geographer. The URD has its own library and micro-computers. It does not have its own fellowship program but the various projects have provided funds for training in Lome and abroad. The future prospects of the URD appear good. Funds are required for training one or two more senior level demographers along with upgrading of the computer and library facilities. URD has been successful in raising funds for research thus far.

University of Ghana, Department of Sociology, Legon. The University has had extensive experience in teaching and research in population studies. Its Sociology Department was initially supported by the Population Council to establish a population studies program, including population studies, women studies, medical sociology, health and development, and sociology of development with a geographical focus on Ghana and West Africa. The Department organizes graduate training programs in population leading to M.Phil. (a two-year program) and Ph.D. (a three-year program). There is also a Diploma program which is specifically designed for civil servants. The major types of work include publications on medical systems in Ghana, maternal and child health, family planning, social stratification, child development and population and reproductive health.

The Department depends on university and other institutional grants. It is staffed by 13 senior members. Its library and computer facilities are very weak. The Institute of Social, Statistical and Economic Research, RIPS, as well as departments of geography, nursing and community health of the University also do research in population and related themes. The graduates are employed in the civil service and private corporations. In addition, the Department organizes refresher courses, conferences, and seminars.

The Department's plans to carry out relevant research are severely hampered by lack of long-term financial assistance and necessary supportive facilities. With adequate funds the Department has the potential for becoming a significant research and training center.

University of Kinshasa, Zaire. A general undergraduate training program in demography was established in 1973, with an emphasis on formal demography. The program consists of three years of training in a related social science followed by two years specialized training in demography. At the end of five years, students are awarded a diploma (143 awarded so far). Most of these students work for the government. Some become assistants in the department and after gaining the equivalent of one or more years of research experience, most assistants go abroad for graduate training. The department consists of seven professors and four assistants. Six other assistants are doing graduate work, three in Belgium and three at Montreal. The departmental library is adequate but needs to be updated and strengthened.

The overall assessment for the future is uncertain because of the political and economic situation in Zaire. The quality of many of the young Zairois demographers is good to excellent. The challenge is to harness that expertise and to create a constructive esprit de corps. This would require extended research support, resolution of the problem of extremely low salaries of professional staff, and opportunities for intellectual stimulation through study leave abroad. Additional funds are required for library and computer facilities, and fellowships.

Universities of Ibadan, Fertility Research Unit, Nigeria. The Fertility Research Unit (FRU) of the Department of Obstetrics and Gynaecology at the University of Ibadan, Nigeria was founded in 1972. It focuses on training in reproductive health for undergraduate medical students, postgraduate doctors, student nurses and midwives and students from colleges of technology.

Research has focussed on new contraceptive technologies, maternal mortality, family planning services, and the problems of septic abortion. In 1980, FRU established a community based distribution program of maternal child health and family planning. An extension of this project to the urban area is a market based project for contraceptives and primary health care. Operations research has been included in these projects.

The Institute is funded by USAID, WHO, Rockefeller Foundation and the University of Ibadan. It collaborates with Family Health International (FIH), Columbia University, the Population Council, and other external research groups. It has four consultant specialists who are involved with the research and training activities of the Unit. These are gynecologists with particular interests in fertility management. Two other staff members are at the moment undergoing training in basic research methodology at the University of Pennsylvania. The Department of Obstetrics and Gynaecology has a sizeable library and good computer facilities.

University of Ife, Nigeria. This University established a Department of Demography and Sociology in 1968, followed by an Institute of Population and Manpower Studies, devoted largely to research. In 1975, the program was restructured, and a Department of Demographic and Social Statistics was initiated, with both undergraduate and post-graduate teaching. The program has graduated two Ph.D's, and eight Master's level demographers, and a large number of B.A. level students.

The Department has maintained itself as a center of excellence over almost twenty years, and has had a highly productive research program. Creating a separate department has clearly contributed to the strength and continuity of this program, although it may have encouraged some degree of isolation from University departments.

In its early years, the Demography program received technical and financial assistance from the Population Council. Subsequently, the Rockefeller Foundation has provided institutional support. The Department has been able to attract research support from the Population Council, Rockefeller Foundation and IDRC, and has close collegial relationships with Pennsylvania University and other population programs. The University of Ife has clearly been one of the major success stories in institutional development in Africa.

Ahmadu Bello University Teaching Hospital, department of Gynaecology, Zaria, Nigeria. The Department offers post-graduate professional training Obstetrics and Gynaecoloy, as well as short courses in reproductive health and family planning for general physicians and nurses. The Department also undertakes

research on the epidemiology of maternal mortality, socio-cultural factors that influence reproductive outcome, maternity care monitoring, NORPLANTR implant trials, and factors influencing the use of contraceptives.

The Department is financed mainly by the Institute of Health and Ahmadu Bello University for its service and teaching commitments and to some extent for research. This source of support has diminished over the years, especially in respect of research. FHI supports maternity surveys and contraceptive trials.

The Department is staffed by five qualified Obstetricians and Gynecologists. Four of these have specialized in reproductive health problems. The computer and library resources are inadequate. The Departments of Sociology and Community Medicine of the University also undertake research relevant to reproductive health.

University of Zimbabwe. A teaching and research program in population studies is in its infancy at the University. The UNFPA provided initial funds to support demographic training in the Department of Sociology. The Department currently consists of one Ph.D. level trained demographer. A plan has been approved by the University to substantially expand the demographic unit, to enable it to train M.A. level students. Support has recently been provided by the Ford and Rockefeller Foundations and the Population Council, and consists of visiting professors, fellowships at the Ph.D. level, library and computer support.

REGIONAL INSTITUTES

The experience in intercountry institution building has not been a great success. The sum of research and policy planning on population and development is not as great as might be expected from the resources that these organizations collectively represent. The teaching programs at IFORD and RIPS have trained demographers from the francophone and anglophone countries respectively, but the focus of the training has generally been confined narrowly to technical demography, and has not adequately addressed population and development issues. In the long run, as additional countries in the region develop national training facilities, one can visualize these institutions becoming sub-regional in terms of their geographic coverage. The trend could accelerate if an adequate level of financial support is not maintained. Until national training facilities are developed in additional countries, however, these regional institutions will continue to play an important role in training mid-level professionals (and in the case of RIPS a few high-level professionals) from a large number of countries in the region. With the recent changes in the directorships of these two institutions, and with a substantial reduction in the level of UN support, one has to watch their future programs with interest, but with some concern, since neither institution is secure. The other regional institutionss (Institut du Sahel and IDEP) reviewed in the following paragraphs provide additional resources for training, research and technical assistance.

Institut du Sahel, Mali. The severe drought in the Sahel region in the early 1970s led to the establishment of the Institut du Sahel (INSAH) in 1977 to coordinate research and development among the countries of the region (Burkina Faso, Cape Verde, Chad, Gambia, Mali, Mauritania, Niger, and Senegal) and to serve as a mechanism for channeling donor assistance. The Insitute had one unit, the Unité Socio Economique et Démographique (USED), that focussed on population issues. In 1988 USED was replaced by Centre d'Etudes et de Recherches sur la Population pour le Développement (CERPOD). The Centre's - 20 objectives include increasing the scientific and technical potential of Sahelian research institutions by strengthening their analytic and investigative capacities in population and development research; and inform and help decision-makers to better understand population and development so that demographic data might b incorporated into development planning.

CERPOD is primarily engaged in research and provides training through short-term workshops, visitin fellows, and collaborative research projects. CERPOD staff, in addition to initiating research, provide technical assistance to institutions in member countries for analysis and research. It recently established family planning evaluation unit, which provides technical assistance to family planning agencies in memb countries in management information systems, evaluation, and operational research.

Significant projects have been "Exploitation et Analyse des Données Démographiques", under which USED financed and assisted the in-depth analysis of the 1970 round of censuses; and infant and child mortality research projects in Burkina Faso, Mali, and Senegal. A third project focussed on population, health and development. Research has been carried out on migration, and the collection of health statistics has been sponsored in Cape Verde and Senegal. The Center also participates in the Demographic and Health Survey Program.

CERPOD currently has professional staff consisting of one geographer, four demographers, one sociologist, two computer programmers, two physicians, one translator and one journalist. Three social scientists, one journalist and a computer programmer will be recruited during 1989. CERPOD has access to the INSAH library, the seat of a regional documentation network. A fellowship program provides for Ph.D. level training overseas. A comprehensive computer facility is based on an integrated set of micro-computers with an autonomous backup power system. Financial support comes primarily from USAID, as well as from UNFPA, IDRC, and other donors. The Population Council, under an agreement with the Institute, has provided technical assistance through resident and non-resident staff, and has recently assisted in establishing the family planning unit, with financial support provided by Canada and the Netherlands.

CERPOD recently signed a five-year training agreement with the Demography Department, Université du Montréal, funded by CIDA. Fifteen Sahelians (with an emphasis on Sahelian women) will be sent to Montreal for training. Under the agreement fellowships will be provided to Sahelian researchers on sabbatical leave. CERPOD also collaborates with universities in the U.S, France, and the U.K. Theoretical and practical training courses complete CERPOD's training activities. Here, the family planning evaluation and training unit will play a prominent role.

CERPOD is the strongest institution in the Sahel region and has done remarkably well in view of the various constraints and conflicting demands and interests of national institutions and governments in the region, nearly complete dependence on external funding, and limited staff.

Institut de Formation et de Recherches Démographiques (IFORD), Cameroun. IFORD was established in 1972 by the United Nations as a regional training and research institution for the francophone nations of Africa. The training is primarily in formal demography and in statistics. A diploma is awarded after two years of study and a mémoire, equivalent to a Master's degree in formal demography. The annual output is about 15-18 students who return to their countries of origin and work primarily in the national statistical offices or related divisions of other ministries. Between 1972 and 1987 IFORD trained 203 demographers.

Demographic research has always been secondary to training at IFORD. The Institute has sponsored a set of sample surveys on infant mortality in six cities in francophone Africa. The Institute has also collaborated with the ECA, RIPS and others in organizing conferences, seminars and workshops. One such seminar on mortality and society in sub-Saharan Africa was organized with IUSSP.

Support for IFORD was theoretically to be provided by member countries and the United Nations. In fact, Cameroon has provided most of the national African support. The United Nations dramatically reduced funding in 1984. Although the subsequent level of the U.N. support increased moderately, IFORD needs funds for staff, fellowships, library, computer facilities and research. It presently has 10 micro-computers. Future requirements will depend upon the extent to which the U.N. continues to provide financial support, upon the extent of commitment and support of the national governments, and future leadership. The role of IFORD in the long run has to be further assessed within the context of an overall strategy of institutional development in francophone African countries.

Regional Institute for Population Studies (RIPS), Ghana. RIPS, established in 1971 by the United Nations as a regional center, offers training in population studies leading to three types of degrees: M.A. degree (formerly graduate diploma) based on 12 Months of course work, M.Phil. (formerly M.A.) based on 18 months of course work and theses, and Ph.D. degree which started in 1976-77. All degrees are awarded by the University of Ghana. The number of students trained from 20 English-speaking countries in the region

has been substantial: 260 candidates received a Graduate Diploma between 1971 and 1985; 51 students recieved M.A. or M. Phil. degrees between 1973 and 1987. At the Ph.D. level, three students are now at an advanced stage.

RIPS has also organized ad hoc training programs for middle level personnel; organized workshops and seminars for high level personnel; provided advisory services to several governments in the region; and supported work in census analysis. The research has focussed on the application of indirect methods of estimating fertility and mortality, evaluation of demographic data, and population projections. The institute produces a newsletter, monographs, working papers and a bibliographical series.

Financial support in theory was to be provided by the governments of all English-speaking member countries and by the UNFPA. In practice, the main source of funding has been the UNFPA. Only Ghana and recently Nigeria have regularly met their finincial commitments . In recent years, the contribution of the UNFPA has decreased. RIPS, like IFORD, needs funds for staff, fellowhsips, library, computer facilities, and research. Future growth will largely depend upon the level of support provided by the UNFPA.

African Institute for Economic Development and Planning (IDEP), Dakar, Senegal. IDEP was established in 1962 by the United Nations Economic Commission for Africa to offer training for African governments' economic planners in areas of population, human resources development and Manpower Planning. The Institute undertakes research, provides advisory and consultancy services, and organizes conferences, seminars and workshops on issues affecting the social and economic development of African countries.

IDEP's two-year program is divided into three autonomous but interrelated components. The first nine-month basic program leads to the award of Diploma; four three-month basic specialization in various fields leads to the award of certificate of participation and six-month research training program leading to IDEP Master of Arts (M.A.) degree in economic development and planning. The major themes of institutional reseach include population, human resources development and manpower planning in Africa.

The Institute is financed by UNDP and African Governments. The UNDP allocation covers mainly professioanl staff salaries. Government contributions cover salaries of support and local staff and miscellaneous expenses. Funds from extra budgetary sources cover the specialization program, conferences, and seminars. UNFPA and USAID fund the specialization program on Population and hUman rEsoruces development. Bilateral technical assistance support in the form of staff secondment has been provided by ECA and the German Government.

Fellowships are provided by UNDP, UNFPA, USAID, EEC, IDRC, World Bank, African Governments, Commonwealth Secretariat and others.

The Institute intends to deepen its research, advisory and support services to enable it to provide African governments and institutions with technical advice on the contemporary African economic crisis and various structural adjustment programs being proposed. In view of this the Institute needs continuous support from the UNDP and African governments. In addition, there is the need for extra-budgetary resources from donor agencies to finance trainees fellowships, teaching staff and training materials for the various training programs in the Institute's two-year cycle of training. Micro-computer hardware and software are also needed.

B. Training Capabilities Outside the Region

Table 2 lists some of the most important institutions in Europe and North America engaged in the training of Africans and research on African population and development. In effect, these institutions are concentrated in six countries: Australia, Belgium, Canada, France, the United Kingdom, and the United States. This review has excluded institutions in other regions, although before the establishment of RIPS and IFORD, the Cairo Demographic Center and the International Population Institute in Bombay provided demographic training for many African nationals.

At the present time, a Ph.D. or doctorate in a university program with a specific focus on Africa can be undertaken at very few institutions. These include Australian National University, the Université Catholique de Louvain (UCL) in Belgium, the Université de Montréal, the Université de Paris, the University of London, and the University of Pennsylvania. The Interuniversity Programme in Demographer (IPD) in Brussels until recently had a training program; but is has been discontinued due to inadequate financial resources.

TABLE 2

INSTITUTIONS OUTSIDE SUB-SAHARAN AFRICA ENGAGED IN TRAINING OF AFRICANS OR IN RESEARCH ON AFRICAN POPULATION AND DEVELOPMENT

A.	Europe:	
	Vrije Universiteit Brussel Interuniversity Programme in Demography (IPD)	Belgium
	Université Catholique de Louvain (UCL) Département de démographie	Belgium
	London School of Economics	England
	London School of Hygiene and Tropical Medicine (University of London) Centre for Population Studies	England
	Groupe de Démographie Africaine (GDA), and, in particular, the Institut Français de Recherches Scientifiques (ORSTOM) and the Institut de Démographie de l'Université de Paris	France
B.	North America:	
	Université de Montréal Département de démographie	Canada
	Bureau of the Census a) Center for International Research (CIR) b) International Statistical Programs Center (ISPC)	U.S.A
	University of Pennsylvania Population Studies Center	U.S.A

C. Oceania

Australian National University — Australia

In collaboration with Georgetown and George Washington Universities, the International Statistic Programs Center (ISPC) of the United States Bureaus of Census provides specialized training leading Master's degree. Five of the universities with doctoral programs also have Master's degrees, wh intermediate level training in Paris is diffuse and heterogeneous. Furthermore, several other universities Canada (e.g., Alberta and Western Ontario), the United Kingdom (London School of Economics, Lond School of Hygiene and Tropical Medicine) and the United States (Brown, Florida State, Harvard, Joh Hopkins, Michigan, Princeton, to name only six) --have Master's and Ph.D. programs relevant to Afric population and development, without having training programs specifically focused on the region. All of th institutions have trained Africans.

Research at these institutions, as well as that carried out by the Groupe de Démographie Africa (GDA) in Paris, has provided an important vehicle for the training of African population specialists and n African interested in African issues. Taken collectively, reseach programs have touched oon all demographic parameters--fertility, mortality, and migration--but have less frequently addressed policy issu Not surprisingly, little systematic research has been carried out on family planning in Africa, although ferti determinants have been a major concern of both Belgian institutions, as well as at the University Pennsylvania.

The Demography Department of Australian National Univesity has, since the mid 1960s, trained 20 African graduate students in demography with research dissertations on their own countries. It has collaborated with a number of African countries, particularly those in Nigeria and Ghana, in the executio African-oriented research projects.

In the past or at present, at least three institutions-the Center for Population Studies in Lon ORSTOM in Paris, and the Population Studies Center, Pennsylvania--have made a considerable contribu to the study of the high levels of infant, child, and general mortality in sub-Saharan Africa; the Universit Montréal has also been working in this area. Montréal, ORSTOM and the GDA, and to a lesser ex Louvain, have all focussed on migration research. Columbia, Tulane and John Hopkins Universities recently been active in operations research in family planning in Africa.

Most of these institutions endeavor to maintain and develop links with African counterparts, alth the success of such efforts, and in particular the level of genuine collaboration, fluctuates in relation bo financial constraints and political commitment. Collaboration requires expensive personnel, time, and as well as sustained scientific dialogue.

A brief country-by-country description provides more detail on the strengths and weaknesses fo programs.

Australia. The Australian National University in Canberra has had since the early 1960s an exc program of research and teaching on Africa, based in its Demography Department. In addition to Ph.D. training, the Department developed strong collaborative activities with many African universities. A n collaborative effort was the Changing African Family Program carried out in 12 African countries 1979s.

Belgium. Two programms exist, the Interuniversity Programme in Demography (IPD) at the Universiteit Brussel and the Département de Démographie a the Université Catholique de Louvain (UCL is one of the most important training centers for demographers in the world. Third world demog and African demography in particular, occupies a major place in their research training programs. A faction of students are from Africa, studying with support from UNFPA, EEC, UNESCO, and the Belgian

government. The department has collaborated in teaching with IFORD, and in research endeavors with the URD at the Université de Bénin Togo. The university and the department have excellent library and computer facilities, and the department's research output on Third World subjects is considerable. In addition to its regular degree-granting programs, the department also organizes specialized, intensive stages (training sessions) for practicing, middle-level demographers and statisticians from the Third World.

In 1986, UCL opened a United Nations Center for training in population and development. The Belgian government collaborated with UNFPA and the Département de Démographie at UCL to establish the center. It will further enhance the role of this institution in African demographic training and research.

The IPD, centered at the Vrije Universiteit Brussel, was both a training and research program until 1984, when student recruitment was abandoned due to lack of funding. There is considerable interest in re-establishing the teaching program if adequate support can be obtained. However, in its absence, despite an excellent program and staff, the future of IPD is in doubt. During the course of the training program, one African Ph.D. and two African M.A.'s were produced. The research output on Africa is considerable and of high quality.

Canada. While there are three graduate programs in demography in Canada, only the Département de Démographie at the Université de Montréal, includes Africa as an area of specialization. Similar to Louvain in content and structure, the program in Montréal has enrolled fewer Africans. The 20 to 25 Africans who have been trained in Montréal have studied with UNFPA, IDRC, ILO and Population Council support. A number of Canadian graduate students have also specialized in African demography.

In the 1970s, the department collaborated with two institutions in Burkina Faso on a major migration survey. More recently, smaller research projects have studied health and mortality in the Sahel and in Cameroon, as well as sterility an sub-fertility in Central Africa. Institutional ties are strongest with the Institut du Sahel in Mali, although links are also maintained with the URD in Togo, the Université de Dakar in Senegal and the Demography Department at the Université de Kinshasa.

While the program at the Université of Montréal is firmly established, the future of research and training like any other institution depends on funding. A recent agreement was reached between the department and CERPOD of the Sahel Institute. This 5 year agreement, funded by CIDA, includes the training of 15 Sahelians and provision of fellowships to Sahelian researchers on sabbatical leave to study or work in the department.

France. The situation in France is ambiguous in regard to training. While the resources are substantial, there is a lack of cohesive training and research programs for African institutions and students. The Groupe de Démographie Africaine (GDA)is an umbrella organization of five institutions: the Institut de Démographie de l'Université de Paris (IDUFP), the Institut National de la Statistique et des Etudes Economiques (INSEE), the Institut Français de Recherche scientifique (ORSTOM) and the Ministère de Coopération (MICOOP). THE GDA has a secretariat, but is essentially a working group without institutional status. Africa demography is taught in several of these institutions, with ORSTOM occupying the major research role and IDUP providing the most important training.

It is noteworthy that the single most important institution in the world doing research on African population--ORSTOM-- is located outside the region. Moreover, by 1986 ORSTOM had no African social scientist on its staff and until very recently made no institutional effort to work with African counterparts. Individual efforts, however, have permitted collaboration in many cases. With work in at least 13 countries of sub-Saharan Africa, three departments of ORSTOM are particularly active on population and development issues: society and its milieu; urbanization and urban social systems; and health. Research output is large and extensive in the form of monographs and a periodical, Cahiers de l'ORSTOM série sciences humaines. ORSTOM has exceptional resources, scientific personnel, and field staff.

IDUP does not have a program specifically focusing on African demography, although students can write their theses on African subjects. Given the excellent documentation available in Paris, many francophone African students have completed graduate level work in France.

The ambiguity of the situation in France can thus be summarized briefly: excellent resources, massive research output by French Africanist demographers, and limited institutional niches for training and research for African students.

United Kingdom. The Center for Population Studies at the London School of Hygiene and Tropical Medicine of the University of London is the major institution in the United Kingdom providing research, professional training, and technical assistance on population issues in developing countries. Although the London School of Economics offers an M.Sc. degree in demography and has trained a number of Africans, it does not have an African-focused program of teaching and research. In contrast, Africa has been an important source of students, and African demography a major focus of research at the Center for Population Studies since it was established in 1969. The Center, for example, as of 1986 has trained four African Ph.D's and eight Master's students in the past five years. Research recently has focussed on infant and child mortality in several countries of the region.

Population studies are viewed in an interdisciplinay context, with particular attention paid to questions of health, social welfare, and economic development. The Center's program, in addition to the graduate level training in applied population sciences, focuses on fertility and mortality measurement, the determinants of fertility decline, and the development of methodology, and provides technical services and support to overseas agencies and governments.

Somewhat like the IPD at the Vrije Universiteit Brussel, the Center for Population Studies in under the shadow of continuing reductions in British government funding for universities in general.

United States. As indicated above, the list of universities in the United States providing Master's and Ph.d.-level training is quite significant. Yet only one, the University of Pennyslavania, has formally identified Africa as an area of focus training and research. Several other institutions-Brown, Florida State, Harvard, Johns Hopkins, and Princeton, for example--have trained African demographers. Columbia University has arranged a series of short-term training course for Africans specializing in MCH and family planning.

The University of Pennsylvania, since the inception of its African Demography program in January 1969, has graduated 39 Africa M.A. students and 23 Ph.Ds. Every year, four African students are supported by regular fellowships of assistantships from the Center. The Center also has limited resources for field work by American Ph.D. students and post doctoral scholars.

Support comes from the Rockefeller Foundation. The facilities at the University of Pennyslvania are excellent, and the Population studies Center has been innovative in terms of its micro-computer training adapted to African demography and in its collection of African data sets. Research output takes the form of dissertations, an African research papers series, and faculty publications. The University has developed a network of colleagues over Africa--both francophone and anglophone, and seeks ways to help generate a "self-perpetuating academic African" base for training and research on population and development.

Another successful institution in the United States is the International Statistical Programs Center (ISPC) at the Bureau of the Census in Washington, D.C. The ISPC, in collaboration with Georgetown and George Washington Universities, provides training leading to a Master's Degree, organizes workshops and seminars; and provides technical assistance in technology transfer to developing countries. Although it does not have any geographic focus, most of the students come from Africa, Asia and the Middle East. The participants in the training programs are supported by the United Nations, the U.S. Government (primarily USAID), and by participants'own governments. All graduates of the formal training program return to work for their own governments, and many have risen to positions of responsibility. During the 1975-84 period,

318 individuals from 27 countries in SSA participated in the training program of ISPC, including 68 who received a Master's degree. The ISPC has also organized 152 workshops in 14 countries of region during 1978-84. The future support for this program is expected to be sustained. A sister organization--the Center for International Research (CIR)--within the U.S. Bureau of the Census conducts demographic research on Africa. It publishes population reports, country demographic profiles, and other related research documents.

IV. ASSESSMENT OF EXISTING TRAINED HUMAN RESOURCES AND ANTICIPATED NEEDS

It is evident that there are insufficient human resources in sub-Saharan Africa with appropriate training to address population, health and development issues. Moreover, the demand for trained manpower is rapidly growing as more countries become aware of the implications of population growth and expand their population programs. Disagreements among knowledgeable persons are bound to arise in terms of appropriate training, type and number of trained persons required, and decisions regarding what to do to improve the availability of trained human resources and to strengthen the institutional base. This section is devoted to the assessment of existing trained human resources and anticipated needs in the future.

Each country, irrespective of its size, must have a capacity to understand and address its own population-related problems within its own development context, to identify ways to solve these problems, to implement appropriate programs, and to evaluate these programs. Trained persons are required in the public sector (e.g., ministries of planning, health, and education; and data collection organizations such as census and statistical bureaux); parastatals; NGOs; the private sector; the local offices of donors and technical assistance agencies; and teaching and research institutions. Managers are required with adequate technical quantitative skills; biomedical and public health scientists; and social scientists; including demographers. This review does not include an assessment of the requirements for all of these types of trained persons. It focuses on the human resources with adequate training in population studies and related health issues, which includes either a degree in demography or a degree in a related social or health science with a focus on population and health issues.

The demographic skills required for certain jobs can be acquired through undergraduate-level training in which a few courses related to population issues are incorporated in the bachelor-level degree courses in department of economics, geography, sociology, community/public health, and statistics. However, graduate-level training in population studies becomes necessary to acquire demographic skills required for specialized work relating to population and development. In most research-oriented activity, a Ph.D. degree in demography or a related social science becomes an added asset.

It is very difficult to assess the existing human resources with undergraduate-level training, or to quantify anticipated demand for such trained persons in the future. In this respect, such training is available in a number of countries of sub-Saharan Africa. These include Ghana, Liberia, Nigeria, Senegal, Sierra Leone, Togo, Uganda, Zaire, Zambia and Zimbabwe. We have not assessed the adequacy of training at the undergraudate level in these countries.

In order to estimate the number of population specialists in Africa, Table 3 analyzes the membership in the International Union for the Scientific Study of Population (IUSSP). It should be noted that in order to be accepted as a member of IUSSP, the candidate has to be nominated by peers, must have a graduate-level degree (frequently Ph.D. degree), and must have demonstrated research capability through published work. Due to these restrictions, the list of IUSSP members provides an understimate of the existing trained human resources because it does not include recent graduates who have not yet published or undertaken research. Moreover, difficulties relating to payment of dues by members living in the Third World limits membership in some cases.

Another problem in interpreting these data arises from the fact that not all trained work in their countries of origin. To minimize the effect of this situation, IUSSP members as of November 1985 are classified in three groups: (1) members with the same nationality as residence, (2) nationals working outside their country of origin, and (3) foreigners working in an African country. The total of items (1) and (2) provides the number of nationals trained from a country and the total of items (1) and (3) provides an estimate of trained persons available in a country, though all of them may not be working on that country's population problems.

As far as the region as a whole is concerned, 126 persons from sub-Saharan African countries have received graduate-level training and have demonstrated demographic research capability. Seventy-four of these are working in their country of origin, which is more than double the number of foreigners (28) working in these countries. This suggests that there is considerable movement of trained personnel in SSA within the region. No estimate of the number of trained Africans working outside Africa is available.

The situation is quite different when one considers sub-regions or countries separately. Only Nigeria, Ethiopia, Ghana, and Cameroon have a respectable number of trained population specialists--reflecting the effect of the U.S. regional institutes in the last three countries. Nigeria and to some extent Ghana are the only two countries with a sizeable number of trained personnel. Ghana has exported more of its trained manpower than Nigeria (AA out of 18 vs 10 out of 32). Cameroon, Senegal and Zaire come next with 4 to 5 national population specialists working in each country; 12 countries have 1 or 2; and 21 countries have no national population specialist who is a member of IUSSP.

TABLE 3

IUSSP MEMBERS IN 1985 BY NATIONALITY AND COUNTRY OF RESIDENCE IN SUB-SAHARAH AFRICA

Country	Nationality and Residence Same (1)	Nationals Working Outside (2)	Foreigners Working in Country (3)	Total Nationals (4)=(1)+(2)	Total Residents (5)=(1)+(3)
Benin	1	2	1	3	2
Burkina Faso	0	2	4	2	4
Cameroon	5	3	1	8	6
Congo	0	1	1	1	1
Ethiopia	5	1	1	6	6
Gabon	0	0	1	-	1
Ghana	7	11	1	18	8
Guinea	1	0	0	1	1
Côte d'Ivoire	0	0	4	-	4
Kenya	4	1	3	5	7
Lesotho	1	0	0	1	1
Madagascar	1	1	0	2	1
Malawi	2	0	1	2	3
Mali	2	2	0	4	2
Mauritius	1	0	0	1	1
Mozambique	0	0	1	0	1
Niger	0	0	0	-	0
Nigeria	22	10	1	32	23
Rwanda	2	2	0	4	2
Senegal	5	3	2	8	7
Sierra Leone	2	3	0	5	2
South Africa	2	0	0	2	2
Swaziland	0	0	0	-	0
Tanzania	2	0	0	2	2
Togo	0	1	2	1	2
Uganda	1	6	1	7	2
Zaire	5	2	1	7	6
Zambia	0	1	1	1	1
Zimbabwe	3	0	1	3	4
TOTAL	**74**	**52**	**28**	**126**	**102**

Source: Directory of IUSSP, November 1985

No national of the remaining 21 countries was a member of the IUSSP. In addition, as of 1985, no other IUSSP member was working in these countries: Angola, Botswana, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Djibouti, Equatorial Guinea, Gambia, Guinea-Bissau, Liberia, Mauritania, Niger, Sao Tome & Principe, Seychelles, Somalia, and Swaziland.

Can this level of trained manpower be considered adequate for the region as a whole and for individual countries included in this table? The answer, clearly, is negative. Assuming that smaller countries would require at least 4-5 social scientists or population specialists with graduate-level training in population studies for teaching and research, it can be seen that, with the exception of nine countries (Nigeria, Ghana, Ethiopia, Cameroon, Kenya, Ivory Coast, Senegal, Zaire and Zimbabwe), the number of trained professionals is totally inadequate in the 39 countries. Even these nine countries will continue to have a need for additional population specialists in order to interject new ideas into the system. Large countries, such as Nigeria and Zaire, could undoubtedly use many more specialists in the future.

Country-specific assessments basically confirm the inferences drawn from the analysis of IUSSP members from sub-Saharan Africa and document the growing need for persons trained at different levels in population studies. These reviews also point out that the teaching facilities in most of the countries are inadequate to fulfill this requirement.

In almost all cases, much of the Ph.D. level training has to be provided in the foreseeable future through institutions outside the region. Universities in Kenya and Nigeria have awarded Ph.D. degrees and others like RIPS have the capacity to do so. Many of these graduates benefit from post-doctoral training abroad. The need for personnel with a diploma or an M.A. degree, in the long run, has to be met by training programs in Africa--in national, sub-regional or regional institutions. The need for personnel with undergraduate training has to be met by training facilities in individual countries. Although institutions in Kenya, Nigeria, Ghana, Cameroon, Zaire and Tanzania will continue to require external assistance, they can be expected to become self-sustaining in about five years in terms of producing the required training personnel up to the M.A. level. Some of these may also offer the opportunity for graduate-level (M.A.) training to students from neighboring countries. Other countries included in this review do not have the capacity to train personnel at the M.A. level. In some of these countries, this capacity will have to be created and sustained in coming years.

V. WHAT NEEDS TO BE DONE AND HOW?

The foregoing discussion clearly points out the inadequacies of existing institutional capacities and trained human resources in sub-Saharan Africa. Neither the level of commitment and support from national governments nor the international donor community are adequate to meet the growing demand for trained human resources in the region. The gap between demand and supply is substantial and probably growing. Increased donor agency commitment to long-run strategies is required to fill this gap.

Past investments have started paying dividends in terms of creating institutional bases within the African context in a few countries such as Kenya, Nigeria, Ghana, Zaire, Togo and Tanzania. The Universities of Dar-es-Salaam, Ife, Kinshasa, and Nairobi need continuous support for an additional five years or more, after which they can be expected to become largely self-sufficient. Similarly, training programs at RIPS and IFORD have to be strengthened to help fill the gap while country and sub-regional capacities develop. With respect to community based training in reproductive health, selected medical schools in the various countries should be enncouraged to incorporate such training into their curricula, and to collaborate more closely with relevant social science departments.

Countries in the rest of Africa--especially southern and franchophone West Africa--are particularly deficient in terms of trained manpower and institutional capacities to provide training in population and reproductive health studies. To rectify this situation, additional centers of excellence are needed in these sub-regions. Promising candidates include the University of Benin in Togo, the University of Dakar in Senegal, and the University of Zimbabwe.

Institutional development not only requires long-term commitment; it also requires a long-term strategy. The development of this strategy can benefit from an understanding of past failures and successes. Essential ingredients of such a strategy might include the organization of seminars and workshops to create an awareness among policy makers and planners about the importance of population factors; achieving sustained commitment by governments; the development of training facilities up to the M.A. level in several

countries (including diploma programs if needed, especially to train civil servants); fellowship support for Ph.D. level training abroad; the creation of an environment in SSA that is conducive to research and that will attract and keep Africans with Ph.D. level training; the establishment of links among institutions within the region and with institutions abroad; expatriate resident and short-term academic assistance until local population specialists can be trained; and mechanisms to facilitate research in sub-Saharan Africa on population related issues in the region.

Although in the long run it is essential that African governments absorb the cost of training up to the M.A. level, several other ingredients of this strategy will require continuous funding from external sources. African governments might view research in general, and population research in particular, as a luxury they can ill afford at their current stage of economic development. Many of them are unlikely to support the cost of research and/or Ph.D. level training. Their inability to provide financial support to RIPS and IFORD also reflects economic hardship.

Two models exist for in-country (or regional) training and research facilities: one combines both functions in one independent institute, and the other separates these two functions. The experience with these models must be kept in mind while developing new facilities in other countries. The experience with IFORD, RIPS, and PSRI shows that once the two functions are combined, the research component does not receive adequate attention. This, however, is not universal. At the University of Ife, research has been stronger than the teaching component. Development of research requires the establishment of a research environment and facilities. This can sometimes be achieved by keeping the research center as a separate entity, preferably within the University,and leaving the teaching to the departments of sociology, economics, geography. If this model is followed, one must ensure that research is not divorced from training, and that the dynamic between the two is maintained. Such arrangements will help to distinguish research obligations from teaching obligations and will help to establish distinct priorities in both areas. This type of arrangement appears to have been successful at the University of Benin in Lome, Togo.

A number of mechanisms are available and have been used to provide fellowship and research support. These include support through global competitive programs (such as the Population Council's fellowship program), sub-regional/regional research competitions, support earmarked to a particular country or institution, and research support to population scientists returning to their home countries following Ph.D. training abroad. These mechanisms supplement each other and should not be seen as mutually exclusive. The utility and need for each will depend upon the stage of institutional development. In the beginning, earmarked institutional support may be necessary to help in the establishment of the training and research program. However, long-term institutional support in research may adversely affect the quality of the output. On the other hand, a global competition may favor senior and established professionals and may not give enough opportunity to recent graduates. Both the elements of access and quality can be guaranteed through competion at a sub-regional or regional level. In the African context, sub-regional mechanisms may be necessary to facilitate both training and research of reasonable quality.

Sustained growth of African institutions requires that they establish collaborative links among themselves and with several institutions outside the region. This necessitates that selected institutions outside Africa need to be maintained and strengthened to undertake Africa-focussed research and training programs.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. Assessment of Current Situation

1. Trained manpower to address population, reproductive health and related development issues has been increasing over the past decade in SSA, but remains inadequate in the region and largely absent in a substantial number of countries.

2. Country-level training facilities in the region are expanding, but are not sufficient in terms of output to meet both country-specific and regional requirements. The scope of training at present primarily emphasizes technical demography and on clinically-oriented medical education, and does not reflect a broader perspective on population, reproductive health and development issues.

3. Regional and sub-regional training has not expanded much in recent years, and also suffers from lack of sustained support of governments within the region, as well as internationally.

4. In the absence of a long-term national and international commitment and financial supports, many of these institutions are fragile and cannot develop a long-term perspective and strategy.

5. Significant population training facilities exist outside the region, but only a few institutions have specialized programs to train professionals for SSA; several of these specialized programs, moreover, are susceptible to shifting priorities of donor agencies.

6. Lack of a strong research environment and sustained financial support has adversely affected the research output of graduates who have returned to the region after Ph.D.-level training abroad. In particular, computer and library facilities are almost universally deficient.

7. In recent years SSA has been receiving higher priority among donor agencies. However, most of the large donor agencies are interested in family planning and MCH services, and in short-term pay-offs, and do not provide support to African institutions. Manpower development requires long-term commitment, typically in the range of five to ten years. Some agencies, notably the UNFPA and several foundations, are increasingly addressing this problem.

8. The roles of the two oldest regional institutions (RIPS and IFORD) are undergoing change due to recent changes in the leadership, emergence of national and sub-regional training facilities, funding constraints and the inability or unwillingness of African countries to contribute their quota to the financial upkeep of the institutes. In the long run, the geographic influence and coverage of these institutions will change, as individual countries develop greater capacities. In the short run, these two institutions will continue to play an important role in training substantial numbers of mid-level and a few high-level professionals from the region. These two institutions could strengthen their research capacity and technical advisory services to countries in the region.

9. At many African medical schools, departments of communitiy health and of obstetrics and gynecology exist, but only in a few instances are there serious efforts to engage in research and training in reproductive health and population. WHO and other donors have supported reproductive health training and research at a few medical institutions, but much more remains to be done. Very few examples of collaboration in research or training exist between social science and reproductive health groups, either at national or regional institutions.

B. Requirements for the Future

1. The demand for trained persons will almost certainly increase in most African countries, to respond to a rapidly growing concern about rapid population growth an reproductive health problems.

2. This demand is most likely to grow as many countries become more active in the formulation, implementation, and evaluation of population and related health policies and programs.

3. There is a need to strengthen existing university training programs to meet country-specific needs for trained manpower (e.g., the Universities of Dar-es-Salaam, Ife, Kinshasa, Benin and Nairobi).

4. Support is also needed to establish new programs at selected institutions that have little or no population or reproductive health training, in order to meet a growing demand for trained manpower. In some cases, these facilities should also serve the needs of additional countries within the sub-region;

5. Population, health and development is increasingly becoming an inter-disciplinary area of concern. Hence in addition to support for exclusive demographic institutions, donor agencies and national governments should support other disciplines which offer courses in population studies and reproductive health. These include departments of sociology, geography, economics, community health and obstetrics and gynecology.

6. There is a need to strengthen professional links among African institutions, both on a sub-regional and a continent-wide basis.

7. African institutions should strengthen or establish links with selected institutions outside the region. It is important, however, for African institution to maintain links with two or more non African institutions rather than establishing them exclusively on one-to-one basis. Such links can contribute to the development of african institutions as well as strengthen the training programs at the non-African institutions.

8. A further expansion of the regional institutions-RIPS and IFORD--is especially important because of the limited training facilities in most countries. RIPS and IFORD should, however, enhance the relevance of their training and research in the countries they serve by incorporating relevant country-specific population and deve-lopment issues in their respective programs and curricula. They should also strengthen their technical collaboration and research with individual countries.

9. Selected medical schools and other health institutions should incorporate reproductive health into their training and research programs, and establish linkages with relevant social science groups.

CONCLUSIONS

A. Although institutional development is difficult and requires sustained commitment without immediate payoff, the need in Africa is clear and compelling. Governments and donors should substantially expand their commitment and resources to institutional and human resource development in population and reproductive health. Without a well-defined long-term strategy to strengthen institutions, African population and health policies and programs will not have the necessary qualified professionals to staff them; and service programs will be inadequate to guide policy formation; and service programs will not have the necessary managerial and research staff needed to function effectively.

THE DEVELOPMENT OF AFRICAN INSTITUTIONS

IN

POPULATION AND HEALTH FIELD

by

George KIRYA

OVERVIEW

The idea of university is not new to Africa. Indeed, some of the world's oldest universities are to be found on the African continent. For instance, the University of Quarawlyine in Fez in Morocco was founded in AD 859 and the University of Al Azhar in Cairo, Egypt in AD 972. Elsewhere in Africa, one is reminded of famous centres of learning like Sankore in Timbuktu which flourished during the days of greatness of the Empires of Western Sudan, i.e. Ghana, Songhai and Mali. However, Africa's centres of learning retrogressed during the period between the break up of the Sudanic Empires and the coming of slave trade. The subsequent era of the "Scramble for Africa" and the initial stages of the colonization process did not assist the intellectual recovery of the continent. However, intellectual stimulation was reawakened with the coming of the missionaries and traders who sought to convert and evangelize the "pagans" in the new lands of what had become to be known as the "dark continent". It is not surprising therefore to note that as a result of Christian initiative, Fourah Bay College in Sierra Leone, in association with Durham University, started offering bachelor's degrees in theology and classical languages as early as 1876.

In response to demands from Africans for higher education and the need to create a cadre of high and middle level personnel needed in administering the colonies, colonial governments' policy of leaving education to missionary enterprise was changed in the third decade of this century in favour of fostering an African University. Makerere College in Uganda was established in 1922, followed by Achimota College in Accra in 1924 and Yaba College in Lagos in 1934. These early colleges were thus conceived and developed by colonical governments and were modelled, with minor or no modification, on what was known in metropolitan countries. Some of them had relationships with a University in a metropolitan country for awarding of the latter's diplomas and degrees.

The quest for independence served to strengthen the demand for more education. Countries that did not have a University before independence, soon became committed to establishing one as it was felt that the University was a vital institution for the sustenance of independence and an instrument in development. The new Universities also came into existence with little or no modification from its metropolitan prototype.

The table below gives a brief historical background of each of the present Universities in Eastern and Southern Africa.

BRIEF HISTORICAL DEVELOPMENT OF THE UNIVERSITIES

UNIVERSITY	ESTA-BLISHED	BY WHOM ESTABLISHED	ORIGINAL NAME	SIGNIFICANT LANDMARK 1	SIGNIFICANT LANDMARK 2	PRESENT STATUS ATTAINED
Addis Ababa	1950	Ethiopian Government of Emperor Haile Selassie	University College of Addis Ababa	Became Haile Selassie University in 1961	-	Became University of Addis Ababa in 1974
Asmara	1958	Missionary Congregation of Verona, Italy	University Santa Famiglia	Granted a charter by Ethiopian Government in 1968	Was in special relationship with Italian	Became a State University in 1979
Botswana	1971	Governments of Botswana, Lesotho and Swaziland	University College of Botswana	Was part of University of Botswana, Lesotho and Swaziland until 1975	Was part of University of Botswana and Swaziland: 1975-1982	Became University of Botswana in 1982
Dar es Salam	1961	Tanganyika Government	University College of Dar-es-Salaam	Became part of University of East Africa in 1963	-	Became University of Dar-es-Salaam in 1970

UNIVERSITY	ESTA-BLISHED	BY WHOM ESTABLISHED	ORIGINAL NAME	SIGNIFICANT LANDMARK 1	SIGNIFICANT LANDMARK 2	PRESENT STATUS ATTAINED
Eduardo Mondlane	1962	Portuguese Colonial Government	Estudos gerais universitatione Estudo gerais	Became Universidade de Lourenço Marques	Became Universidade de Maputo in 1974	Became Universidade Eduardo Mondlane in 1976
Kenyatta	1965	British Colonial Government	Teacher Education College	Became College of University of Nairobi in 1972		Became Kenyatta University in 1985
Khartoum	1900	British Colonial Government	Gordon Memorial College	Became University College of Khartoum in 1951	Was in special relationship to London University	Became University of Khartoum in 1956
Lesotho	1945	Roman Catholic Church	Pius XII University College	Became University of Bechuanaland, Basutoland and Swaziland in 1964	Became University of Botswana, Lesotho and Swaziland in 1966	Became National University of Lesotho in 1975
Makerere	1922	British Colonial Government	Makerere College	Became part of University of East Africa in 1963	Was originally in special relationship to London University	Became Makerere University in 1970

UNIVERSITY	ESTA-BLISHED	BY WHOM ESTABLISHED	ORIGINAL NAME	SIGNIFICANT LANDMARK 1	SIGNIFICANT LANDMARK 2	PRESENT STATUS ATTAINED
Malawi	1964	Malawi Government	University of Malawi	Has four constituent colleges	-	By 1964 Act; amended 1974
Mauritius	1965	Government of Mauritius	University of Mauritius	-	-	By 1965 Act; amended 1971
Moi	1984	Kenya Government	Moi University	-	-	by 1984 Act
Nairobi	1950	British Colonial Government	Royal College Nairobi	Became part of University of East Africa in 1963	- -	Became University of Nairobi in 1970
Sokoine	1969	University of Dar-es-Salaam	Agricultural College of Morogoro	Part of University College, Dar-es-Salaam in 1969	Part of University of Dar-es - Salaam in 1970	Became Sokoine University of Agriculture in 1984
Somalia	1954	Italian Colonial Government	Institute of Law and Economics	University created by merging two smaller institutions	Was in special relationship with Italian Universities	Became Somalia National University in 1969.
	1963	Somalia National Government	Lafole Teacher Training Centre			Act amended in 1977

UNIVERSITY	ESTA-BLISHED	BY WHOM ESTABLISHED	ORIGINAL NAME	SIGNIFICANT LANDMARK 1	SIGNIFICANT LANDMARK 2	PRESENT STATUS ATTAINED
Swaziland	1971	Government of Botswana, Lesotho and Swaziland	University College of Swaziland	Was part of University of Botswana and Swaziland until 1975	Was part of University of Botswana and Swaziland 1975 - 1982	Became University of Swaziland in 1982
Zambia	1965	Government of Zambia	University of Zambia	Acquired federal structure in 1979	-	By 1965 Act; amended 1979
Zimbabwe	1953	Former Federal Government of Rhodesia and Nyasaland	University College of Rhodesia and Nyasaland	Became University College of Rhodesia in 1965 and the University of	Was originally in special relationship to London University	Became University of Zimbabwe in 1980

Rhodesia i n 1 9 7 1

Source: University Capacities in Eastern and Southern African Countries, ESAURP 1987

With the attainment of independence, the newly independent governments assumed the responsibility of running their universities. Further, African universities became acutely conscious of the ever-present need for curriculum relevance, the development and application of new knowledge for the benefit of society through research as well as the provision of public service to society through consultancies and other community oriented activities. Today, the University in Africa is committed to a heightened sense of social consciousness and to urgency of development and national building in addition to its role of producing high level manpower through teaching and learning.

ROLE OF RESEARCH

What distinguishes a university from other institutions of higher learning such as teacher training colleges and technical colleges is the research function of the University. Many Acts of Parliament establishing universities in Africa specifically empower universities to provide research into economic, political, social, scientific and other matters generally and with particular reference to the interests and aspirations of the people in the region. Universities have to generate new knowledge and develop new ways in which the acquired knowledge can enhance the quality of life of all human beings. All members of the academic staff of universities are expected to undertake research and generate teaching materials relevant to the African environment.

There are vast areas of immediate concern to the African society which remain unexplored - from the field of tropical diseases to infant mortality, from having the basic knowledge of a country's population characteristics to inter-relationships between demographic factors and other social and economic variables, from adolescent fertility to family planning acceptance. These and other areas provide scope for research which can reach the heights of academic excellence needed by a university and at the same time, they are useful in formulating and implementing development plans and policies. Universities in Africa have to spear-head advancement of new knowledge through research in order to build up local research capacities in the Universities.

Whereas universities in the metropolitan world are richer in resources and can afford to mount a broader range of pure and applied research, the African University today is dependent on the national and regional budget which has so many other competing demands. Thus, although universities set aside some funds in their annual budgets for research, the amount allocated for research is very small. However, donor agencies and local and international governmental and non-governmental bodies are actively engaged in funding research activities done by staff of African universities. These have helped in keeping alive or initiating post-graduate programmes while at the same time building up local research capacities.

Most of the Universities in Africa offer a broadcross-section of courses ranging from the arts and social sciences, to physical science, medicine, engineering and agriculture. There are, however, few Universities which could be classified as specialized in the sense that they run courses geared to serve specific purposes and undertake research that have immediate tangible results for the society. In the Eastern and Southern countries of the continent, only three, namely; Kenyatta, Moi and Sokoine Universities, can be termed specialized. Research output of specialized Universities tend to be high when the teaching functions are more readily associated with research. this is particularly true when the discipline of specialization in science base, i.e. agriculture, medicine, engineering and veterinary medicine.

In the case of population and reproductive health, we note that Africa is a continent which is experiencing high birth rates and declining death rates. This combination of vital rates results in a high and increasing population growth rate. The demographic characteristics of the countries such as age, sex, natality, fertility, morbidity, mortality, migration, literacy, economic status, etc., and their planning implications have to be fully understood and appreciated in order to plan for socio-economic development of the countries. Countries in Africa have collected demographic data through censuses and related surveys. However, utilization of this data together with data collected in the course of administering the countries for development planning requires availability of well-trained manpower who could present, analyze and interpret the data. Furthermore, many decision-makers have not had enough exposure in population studies and reproductive health to be able to incorporate demographic factors in their formulation and day-to-day decision making.

Universities, being the highest institutions of learning and trusted with the production of high level manpower, carry out research and provision of consulting services to society, have to evolve centres of excelence in this important field. Through such centres, it is possible to advance the basic knowledge of a country's population and its characteristics to develop teaching and research capacities in population and reproductive health at an advanced level and to increase the awareness of the inter-relationships between demographic factors and other socio-economic variables in formulating and implementing population policies and development plans.

PROBLEMS: RESOURCES

The resources of a university include the financial, manpower and physical resources which it has at its disposal.

The largest share of revenue for universities, particularly in the Eastern and Southern region, is contributed by governments which can account as much as 95 percent of total revenue. As noted earlier, universities operate under Acts of Parliament of their respective countries. Other sources are student tuition fees, university services such as conference fees, rent and professional services, sponsored posts, teaching materials and books. The role of governments in support of universities is therefore crucial. Because of the adverse economic conditions, governments are finding it difficult to meet their contractual obligations to provide Universities with all the financial support requirements. Short-term negotiations and discussions between relevant government officials and the universities are usually carried out in order to keep the institutions going. Further, a lot of goods required to run universities such as scholastic materials, scientific equipment and other manufactured materials, have to be imported because of the low industrial base of most countries. Substantial amounts of foreigh currency are required to cover the importation needs and staff travel to overseas conferences. Again, because of the economic conditions and strict foreign exchange control make these tasks hard to undertake in some countries.

The existence of senior academic staff contributes to the quality of teaching and research being undertaken at the university. There has been a "brain drain" either from the universities to other sectors within the same country or from countries with economic hardships to other countries which are considered more prosperous. Other reasons for academic exodus include lack of conducive environment such as equipment and money for research at the home university, and political turmoil in the countries.

Development of physical facilites has been hampered by availability of financial resources in countries where the economy has not fared well in recent times.

ACADEMIC FACULTIES, DEPARTMENTS AND SUB-UNITS

In any university, it is important to set up structures and create atmospheres within the university that are conducive to the achievement of the main goals of teaching, research and provision of public service to society. The management of academic affairs falls under faculties or schools, each of which consists of a group of academic departments with related fields of study. The establishment of faculties in our African universities vary from institution to institution. They may even bear different names, but on the whole, they have not departed from their counterparts in Europe or America.

Some universities have functional units called institutes, centres or units in addition to conventional faculties. These units have been established for a single purpose. Thus, we have Institutes of Social Research, Development Studies, Population Studies, or Public Health. It is also possible to have Demographic Training and Research Centres or Units. They are normally first established as sub-faculties which eventuall develop into full faculties. The development of certain sub-faculties into full faculties emanates from emphasis being put on particular subjects because of strong developmental needs of the respective countries and/or specific strengths and interests of the academic staff or even donor agencies. This is a very welcome development for the institution as a whole. In many cases, the sub-units develop programmes of research in the subject and offer courses leading to higher degree awards, thereby contributing to building local research capacity. Examples of such units are Population Studies and Research Institute (Nairobi), Demographic Unit (Makerere, Lesotho, Malawi, Dar-es-Salaam, Zambia), Demographic Training and Research Centre (Addis Ababa), Institute of Public Health (Addis Ababa, Makerere). It is therefore reasonable to conclude that centres of excellence within the Universities can be built up with beneficial consequences to the institutions. There is no doubt that

such centres would enable African universities to share their scarce resources in the development of local research capacity.

CONTRIBUTION OF AFRICAN UNIVERSITY

It has been mentioned before that a number of Universities particularly in the Eastern and Southern Africa were a reaction of the colonial governments to the demands of Africans prior to independence, the exceptions being Addis Ababa, which was established by the Ethiopian government, and Asmara and Lesotho, which were started by religious groups. The more recent universities were established by the governments of the newly independent countries. Whatever origin it may have, the African university today is seen to be fulfilling three main goals:

1. produce high-level manpower for their societies;

2. produce and analyze knowledge through research;

3. provide consulting services for the larger society.

The role of research has been outlined earlier. It is one of the roles of the University to provide society with all kinds of high-level manpower and specialists. University endeavours produce graduates endowed with relevant skills and knowledge. The university strives to produce men and women who are individually developed and having ability to make judgements and decisions even in unfamiliar circumstances. It has to educate people who will become useful as leaders and participants in the development effort. The university being dependent on the national government for its financial resources, must be responsive to the dictates of its nation's development campaign to justify the large national expenditure it requires.

The role of the African University as a service institution derives from the fact that it normally constitutes the largest single collection of highly specialized people in the country. This reservoir of expertise must be tapped by governments, parastatal organizations as well as by the private sector via short consultancies or practical involvement in relevant programmes.

In conclusion, it should be pointed out that the functions of teaching, research and public service are not mutually exclusive. Every member of the teahing staff should be expected to undertake research for his own professional development as well as enhancing his teaching capabilities. A researcher should share his experiences and expertise by presenting courses and by supervising students. All staff should be prepared to render services by direct involvement or by sitting on government committees or commissions. In building centres of excellence in population and health fields, universities become better equipped with fulfilling these goals through creation of national cadres with expertise in population and health who can initiate and carry out research and studies to assist governments in planning, policy formulation and implementation of population and development programmes.

THE DEVELOPMENT OF AFRICAN INSTITUTIONS IN THE POPULATION AND HEALTH FIELD WITH SPECIAL REFERENCE TO SUB-SAHARAN AFRICA

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The terms of reference for this paper require that, among other things, I give "a general overview of the development of African universities, emphasizing the role of a research university", noting in particular problems, priorities and ways of strengthening institutional capacities while also "building programmes of excellence" in the universities' sub-units. Thus, the task of this paper involves examining the development of institutions of higher education in sub-Sahara Africa with special reference to institutions and programmes in population and health. In respect of this task, one point has to be made clear at the outset: the present demands and future challenges for these institutions cannot be adequately understood, and indeed met, without making a serious attempt to appreciate the problems of the broad and varied African environment within which these institutions of higher learning derive their existence.

AFRICAN UNIVERSITIES AND THEIR CONTEXT

A reflection on the problems facing African university research and the imperative issues o development seems to us, at this present moment, matters of paramount concern in our developing economies For what they are worth, African universities in general are comparatively young. The inception of most o these coincided with the advent of political independence following World War II. Consequently, universitie were, and are, conceived as indispensable instruments for social and economic development. Yet, on th other hand, the concept of the university tended to be based on the Western model. The university, in th traditional western sense, is considered as a transcendental base where universal thoughts are crystallized. Th practical consequence of this universalistic mission is that the university has substantially tended to shut itse off into the ivory tower.

Over decades, if not centuries, this orientation developed an illusion of science for science' sak devoid of any interest on the mundane issues that require immediate action; emphasizing the universal call f the university expressed in critical and intellectual autonomy. The western university ideology th recommended an impartial research, neutral and objective, as opposed to dynamic and positively active one.

Given this university tradition, it was inevitable that universities implanted in sub-Sahara Afr continued to function substantially as a transmission medium of the values of the societies from which th originated. Thus, universities on the African soil have, perhaps unconsciously, emphasized univers sectarianism, relegating to second place, from a research point of view, the needs of the societies within wh they operated, and to which they had been called upon to provide relevant answers.

Does a university thus blinded, faced with the problems and needs of the community within wh it was implanted have a chance of succeeding in the mission presently assigned to it, that of assisting so economic development of a country ? The answer to this question requires a firm grasp of the major probl of the societies which seek the attention of university research and programmes. Further, a grasp of s problems presupposes, as an accepted fact, that the function of the university varies, inspite of its univ vocation, according to the nature,the components and specific needs of a particular country. In other wo although the university has to be universal in character, the demands upon it will be specific to the so within which the former finds its modus vivendi.

It is often the case that African countries have needs and demands that are at times incom perceived by our colleagues in developed countries. Hence universities must be institutions *par excel* where development issues and the quest for answers are best expressed. Such answers could be of bene us in our cooperation with partners from the developed parts of the world. Thus, universities in Africa the urgent responsibility of translating theory into practice.

INTEGRATING RELEVANT/APPLIED RESEARCH INTO UNIVERSITY

In respect of the new orientation needed in African universities defined above, what are the major problems of our societies and on which ones should African universities focus their attention ? Further, what can African universities do, so that while responding to the universal ideal, they conduct research in the service of nations; research which must not be taken as a means of ruining fundamental research, which has always been the basis of applied sciences?

In order to protray the correct image of a university in search of developing its environment and seeking the advancement of science, the African university has to focus attention on three pivotal axes:

1. At the level of research, it should encourage studies aimed at solving the country's urgent problems. A few examples of such problems are health and food, energy, manpower resources, etc. Intense efforts have to be made in systematic revision of the objectives of research by the implementationof an appropriate framework likely to avoid wastage and inefficiency in the quest for the solutions to the problems of its environment. Such a research orientation encourages creative research relating to scientific programmes whose direct application to society changes the environment;

2. In respect of teaching, the type of student to be produced by an African university should become the vehicle for development. This implies that, as much as possible, teaching/training should be inter-disciplinary if the cadre to be produced will be able to function competently in an environment of varied demands;

3. As regards integrating the university in its environment, it is important to insist on reciprocal contacts which should exist between the two. The university places at the disposal of the community an array of its human resources since it in turn gets certain of its resources from the community. The university should be prepared to undertake commissioned research projects and organize practical courses as direct input into the community. The university has to be involved in important national issues; in analysing community needs and making proposals and thus becomes a partner not only in the formulation of solutions but in the very application of solutions to the various social, economic and technical problems.

In order to achieve this integration, universities in Africa have to redefine their concept of cooperation, and enhance research capacities in their departments to meet the challenges of the many problems in their environments. The development of institutions in the population and health fields discussed in some detail below, their programmes, progress and constraints, will be but one specific illustration of the present demands, trends and challenges of institutions of higher learning in Sub-Sahara Africa.

THE DEVELOPMENT OF POPULATION STUDIES INSTITUTIONS

The development of African population studies institutions began modestly from the late 1950s, through the 1960s to the early 1970s. Significant expansion began in the early 1970s with the establishment of Regional Institutions of Population Studies; (Accra, Ghana 1971) for anglophone Africa, Institute of Demographic Training and Research (Yaounde, Cameroon 1972), Unité socio-économique et de Démographie (USED) (Bamako, Mali 1977) for francophone African and the Cairo Demographic Centre (Cairo, Egypt 1963) catering mainly for North Africa and the Middle East.

Since the late 1970s, population programmes and projects have been initiated in a number of African ountries. All member countries of the United Nations Economic Commission for Africa (ECA) except South Africa, which has no membership, have benefitted in one way or another in terms of programmes and projects.

The development of population studies institutions and related programmes and projects indicate an increasing demand for demographic expertise and services arising from growing awareness of the inter-relatedness of demographic factors and development variables and the need for African governments to take cognisance of population in their overall plannig for socio-economic development.

In sub-Sahara Africa generally, it is now officially recognized that population planning is an integral part of national planning. The following statement which comes from the UNFPA Inventory of Population Projects in Developing Countries Around the World (1984/85, p. 534) which refers to the United Republic of Tanzania can be safely taken as expressing sentiments that are common in respect of the issue of population in sub-Sahara Africa: - Effective policies of population planning are intricately and inextricably linked with the struggle against poverty. This involves development programmes directed at meeting the urgent needs of people and also building the economies of developing countries in such a manner that a self-reliant and self-sustaining structural pattern is created... To say that the population problem cannot be separated from the general questions of economic, social and political development is not to excuse a neglect of the need for population policies. But they must be seen as one element in a total development strategy, and they must be designed in a manner which fits into the overall picture. Indeed, governments in sub-Sahara Africa concede that the present rates of population growth and fertility are unsatisfactory in the sense that they are seen as "too high". This view gains greater credence in the present crisis of African economies in which population has become strongly linked to the performance of these economies. For instance, the General Assembly of the United Nations in its Thirteenth Special Session on the Programme of Action for African Economic Recovery and Development (1986-1990), noted that:

> Special importance will need to be accorded by each African country to a population policy that addresses issues of high fertility and rapid urbanization... in a manner that would ensure compatibility between demographic trends, appropriate land utilization and settlement patterns and the desired pace of economic growth and development. African countries should also push for the attainment, within the shortest possible time, of an agro-food production growth rate at least equal to the populaton growth rate.

It is in response to the need for African governments to take into acccount national demographic trends in the overall development that has led to the demand for programmes and projects from the late 197OS to the present. In addition, the last round of population censuses carried out in a number of African countries with the assistance of international experts in 1980-81 revealed a dearth in manpower training in demographic analysis. Hence, the demand for a number of training programmes which are now underway in such countries as Zambia, Zimbabwe, Swaziland, Lesotho, Botswana, Uganda, Tanzania, etc. These programmes have both long- and short-term objectives which are as follows:

Long-term:

a) Institutionalize demographic training in national universities to cater for our countries' needs in demographic training and research. The intention is, in the long run, to be self-sufficient in demographic personnel who will be able to undertake various tasks like censuses, surveys and demographic data analyses;

b) Initiate and undertake research and studies in order to assist governments in planning, policy formulation and implementation of population and demographic programmes;

c) Enhance national capacities to assess the impact of population changes in respect of national development objectives and to integrate demographic factors at various levels of national socio-economic planning and policy formulation;

d) Provide documentation in the various fields of population studies to researchers, trainers and national organizations who may need to utilize demographic data.

Short-term:

a) Establish demographic training programmes in national universities to serve the relevant departments offering courses in such disciplines as sociology, economics, statistics, geography, etc.;

b) Provide certificate courses in population studies for personnel in government departments, the private sector and non-governmental organizations in need of demographic expertise;

c) Carry out surveys and research on demographic and related issues to assist in the planning process;

d) Provide consultancy services in government and other organizations who may wish to benefit from such assistance.

The launching of these programmes was preceded by needs assessments and awareness campaigns that brought interested parties together in the different countries. Out of these exercises training needs were clarified and the need for national population policies to guide administrators became apparent. The proliferation of these programmes is a clear indication of the increasing demand for demographic expertise in sub-Sahara Africa.

HEALTH INSTITUTIONS

Health institutions have had a longer experience than those related to population. Their origins often lie in the colonial period. What is characteristic of the latter is that they have tended to serve the health needs of people in urban centres. Medical schools, like the universities themselves, have operated along the lines of those in industrialized countries. For instance, the emphasis has been on training doctors and the curricula often hardly distinguishable from those of medical schools in the West. This is also due to the emphasis on the universalistic nature of universities in developing countries which we have already noted above.

Currently, with varying degrees of success, attempts are being made to orient the activities of these institutions so that they can cater for the health needs of the majority of people in rural areas. In most cases, the advent of independence has facilitated possible changes in health care and research which previously emphasized curative instead of preventive aspects of health.

There is, currently, widespread adoption of primary (preventive) health care policy in sub-Sahara Africa. In tantrum with the need to develop rural areas and the fact that agriculture and not industry is the main basis of developing economies, health care facilities have been extended to the remote rural areas. This has meant expansion in the building of rural district hospitals, clinics, health centres and an intensified training of health cadres to serve at the various levels of health care and administration. This orientation has forced changes in medical curricula with an emphasis on preventive and community medicine. Nevertheless, relative success in this endeavour depends on the ability of governments to push health resources out of urban centres. Thus full success of the primary health care strategy has not been adequately guaranteed because the influential in our societies tend to have interest in sophisticated medical care which is characteristically provided under private medical care and in city centres. In the same vein, the availability of increased research funds and facilities in community medicine or primary health care depends on whether the limited available resources are made available by the elite for such purposes.

CONSTRAINTS ON THE ACTIVITIES OF POPULATION AND HEALTH INSTITUTIONS

The challenge that faces universities in Africa in general is that they have been called upon by governments to be fully involved in development, however defined. That is, universities are being requested to be first and foremost developmental in orientation. In our young economies, the need for development/socio-economic change in order to enhance life itself and the standard of living of our peoples is an overriding goal.

Thus, pressure has been put on universities to involve themselves directly in development problems and programmes to resolve these. In addition, universities in sub-Sahara Africa have expanded enormously in a few years with the expansion in primary and secondary education, especially soon after independence. This has in turn stretched universities' resources in respect of finance and manpower. The demand for university staff has not been met and this is particularly the case in Southern and East African universities. The universities in North and West Africa went through this phase earlier and may not be as hard pressed in respect of staffing as their counterparts in the South and East.

Staff development programmes have been undertaken to training promising students overseas and where possible in other parts of Africa. Nevertheless, the shortage of money, especially foreign currency continues to be a stumbling block for many of our universities. This is particularly the case in the natural sciences and technical fields. This situation has not improved in those countries where university education is still expanding unabated in the South and East of the African continent.

Further, it must not be forgotten that colonial education policy, especially in anglophone Africa, did not provide the necessary educational facilities to train the local populations in science and technology in particular. Most so-called native schools, especially those located outside urban centres, did not have laboratory facilities for teaching and consequently universities produced an over-supply of arts graduates. After independence, the situation had to be corrected and this has meant pushing much financial resources into primary and secondary education, importing overseas teachers to teach science and technology and undertaking financially very heavy programmes for teacher training locally and abroad.

At the level of higher institutions of learning, shortage of high level manpower to undertake teaching and research services is along term problem whch is presently far from satisfactory given the unabated expansion in university student intakes.

The implications of all this for population and health institutions and programmes and projects should thus be clear. For a long time to come, assistance will be needed in many respects. For the programmes to succeed, support in the form of expert to assist in teaching and research, provision of scholarships to train promising students to acquire high level skills in demography and financial support for the skeletal personnel implementing these programmes to undertake research so that local materials can be made available for teaching purposes, will be crucial if not decisive in the long run.

This brings us to a further problem. The few demographers who handle large classes and many courses for teaching purposes are at the same time expected to undertake formal academic research and applied research/consultancy services to government and other national organisations. Our personnel is over-stretched by teaching to a point where it is almost impossible to fulfil other obligations. Yet failure to undertake these other duties limits demographers' professional development and consequently, the provision of local teaching materials suffers unduly. Further,this also means that universities are not able to meet the expectations of governments. Governments in turn, will not find it justifiable to give financial support to university research. Thus, the problems threaten a vicious cycle-shortage of manpower limits services to government and governments in turn limit the flow of resources to universities.

In our view, this is where the major funding agencies for the population and health programmes can play a crucial role by assisting in breaking this threatening vicious cycle. The programmes are still in need of sustained financial support for quite a while in many countries if a stage is to be reached when population studies are permanently institutionalized in our universities and become part of the regular budgets of institutions of higher learning.

Assistance is also needed in respect of back-up support for teaching and research activities, more so in the field of population studies which is only of late receiving more attention. For instance, many of our universities do not have full access to data from WFS, CPS and DHS surveys and do not have PCs to facilitate analysis. International cooperation in gaining access to these data and in providing equipment and expertise for their analysis is badly needed.

Furthermore, in our view, more research needs to be encouraged in terms of micro-demographic studies in Africa in order to elicit the cultural contexts of such issues as fertility and mortality. The cultural contexts of these issues are of great importance. The linkages of African traditions and demographic and health parameters are little known. Theser are qualitative issues which lag far behing our knowledge of quantifiable indicators such as mortality and fertility rates. Knowledge about how these are influenced by cultural contexts will assist greatly policy makers in family planning bureaux. For instance, the importance of educating mothers in relation to family planning practice depends not only on knowledge and family size. This points to the need for greater understanding of socio-economic influences on the better use of health facilities. Thus issues which concern us in health are likely to be culturally specific and hence the importance of integrating demography and social science (interdisciplinary) studies in our curricula in population studies.

ENHANCING RESEARCH IN AFRICAN UNIVERSITIES

African societies, in general, are undergoing tremendous changes internally, and they are often under pressure to catch up with the developed industrialised one. This means that African economies' development has to be largely planned, and to plan effectively and meaningfully requires accurate information. Governements often lack the resources and skills to meet the demands upon them. The centres for developing high level skilled manpower are the institutions of higher education. Thus, universities all over sub-Sahara Africa are expected not only to produce high calibre manpower but also to provide the information needed for planned change. This makes research a crucial issue in the activities of African universities. How can this be accomplished in our part of the world?

It appears necessary, given the dearth of research skills and facilities, that attempts have to be made to form research links between universities in Africa and those in industrialized countries. Programmes could be undertaken jointly between researchers in these different settings. In addition, post-graduate training will be important and most facilities for this are available in the older universities of developed countries. This points to the need for increased funding for training abroad and for joint research programmes. Collaborating researchers could travel in both directions and share the available resources equally. Meaningfull identification of research priorities can be made through programmes, workshops aimed at establishing research frameworks and sharing of experiences and findings.

CONCLUSION

In the long-term, population, health and development issues in the African context cannot be sufficiently addressed in the absence of the necessary institutional basis and the required trained personnel. Each country has the desire to achieve the capacity to understand and address its own population-related problems within its own development context. Without such a capacity, efforts of international assistance agencies cannot succeed, and appropriate ways to solve population related problems cannot be identified, applied and evaluated. A long-term perspective is required for the development of such capacities in sub-Sahara Africa.

It has to be acknowledged that human resources with appropriate training to address population and development related issues are wholly inadequate. Moreover, the demands for such resources are likely to grow in the future as more countries become aware of the implications of population growth, and as activities expand in the formulation and implementation of population policies and programmes.

Each country, irrespective of size, must have capacity to understand and address its own population-related problems within its own context, to identify ways of solving these problems, to implement appropriate programmes and to evaluate them. Trained persons are required in all the sectors: public, parastatal, private and teaching and research institutions. Human resources are required with adequate managerial and quantitative skills. These then are the imperative challenges to African governments and their higher institutions of training and research. These are challenges too, to our concerned partners in the developed parts of the world.

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THE DEVELOPMENT OF AFRICAN INSTITUTIONS IN THE POPULATION AND HEALTH FIELD

with special reference to anglophone West Africa

by

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THE DEVELOPMENT OF AFRICAN INSTITUTIONS IN THE POPULATION AND HEALTH FIELD

with special reference to anglophone West Africa

Most of the observations in this paper will have some relevance to much of sub-Saharan Africa. Nevertheless, the authors'experience has been much greater in anglophone West Africa and accordingly that area will be our chief focus. The choice has deliberately been made to describe the "population and health field" in the singular rather than the plural but this may be closer to wishful thinking than reality at the present time. There will be an emphasis on the historical context from which the present situation emerged and institutions will be taken to embrace attitudes as well as structures.

The emphasis will be on change and development and an attempt will be made to avoid a tale of woe. This is a reaction against the tradition in demography which attempted to heighten interest in the subject by naming textbooks and courses 'population problems'. The discipline has matured and we are increasingly able to identify the direction and nature of population trends without seeing them as primarily being movements which just avoid disaster. A similar situation led Hailey (1957) to subtitle his comprehensive African Survey, '**A Study of Problems Arising in Africa South of the Sahara**', when much of his 2.000 pages actually were an impressive litany of change.

EARLY DEVELOPMENTS

Population and health matters form a substantial proportion of all colonial administrative reports. Indeed, most administrations probably regarded these two elements as being the fundamental supports of the society whether the chief interest was in the exploitation of labour, as in the Congo Free State, or this was less the prime focus as in much of West Africa.

In theory, British West African colonies have had censuses from 1871 but in practice, much depended on the area being adequately administered and for a long time many numbers were guesses rather than detailed counts. The situation improved after the Second World War although there are some countries which have still had only a single census. In contrast, Ghana has had since 1960 a series of three comprehensive modern censuses. In the absence of many other types of data collection systems, the census is peculiarly important. Nevertheless, there have been problems in many countries in census-taking, arising less from administrative or respondent incompetence than from the fact that the count is associated with taxation, potential advantages in government expenditure, or ethnic rivalry. A continuing African tragedy is the fact that Nigeria, with possibly more than one-quarter of the population of sub-Saharan Africa, has never had an adequate census.

Censuses are carried out for many other purposes than the obtaining of demographic estimates, but the latter are, nevertheless, important. In francophone Africa, there was, especially in the colonial period, a tradition of demographic surveys going well back into the 1950s. Indeed, they formed the basis for the major study of African demography (Brass et al., 1967) and surveys continue to serve this function (Lesthaeghe, 1988). In the last 15 years, the African survey tradition has been revived by the international networks which have successively produced the World Fertility Surveys, the Contraceptive Prevalence Surveys and the Demographic/Health Surveys, for, although only a minority of countries have yet been surveyed, emphasis has been given to those with larger populations. Thus, we are getting closer to accurate estimates of fertility and child mortality, although the surveys do not provide us with knowledge of population numbers.

The surveys have been necessary because of the lack of adequate national vital registration systems anywhere within the region. Sub-Saharan Africa is not Southwest Asia. Nevertheless, nowhere in sub-Saharan Africa is there anything approaching the Indian Sample Registration System, although Nigeria is now experimenting with four urban and four rural model registration areas.

Colonial administrations in Africa were necessarily concerned with health from their establishment, even if at first almost exclusively for their own soldiers and officials. Indeed, the colonial carve up of Africa in the 1880s had a considerable impact on European medical training: the Liverpool and London Schools of Tropical Medicine both opened in 1897, to be followed by similar institutions in Hamburg in 1900 and

Brussels in 1901. In Africa, the number of doctors was for a long time very small; for instance, in 1901, there were 36 doctors in all of Nigeria, of whom 22 were found in Lagos (Schram, 1971: 134)

Modern medicine was usually first brought to selected rural areas by Christian missions, which, as De Craemer and Fox (1968:77) have ironically observed, bore the message that illness and its cure were solely an earthly matter and had no religious component. For generations, the main burden of curative services was borned by medical assistants, called by Chesterman (1953) 'near doctors'. Indeed, there is probably still a greater place for them than they currently fill and the failure to expand the training and employment of such persons is a matter for concern. They used to have high status in their societies (De Craemer and Fox, 1968: 3). The more extensive training of 'near doctors' began in Dakar in 1918 with the first three years of the French medical course and with a longer period still from 1931 at the Yaba Medical College in Nigeria (cf. Fendall, 1967) and at Makerere in Uganda. Such trainees were, however, recognized for the purpose of practice only in their own territories. From 1960, WHO supported Zairian medical assistants at French Universities for the senior three years of a medical degree to obtain a full medical qualification (described in detail in De Craemer and Fox, 1968). In 1948, the Ibadan University College in Nigeria had established a modern medical school to be followed nine years later by a large modern university teaching hospital.

AFRICAN UNIVERSITIES

Universities came late to sub-Saharan Africa and are almost entirely a product of the last 40 years. This is one reason why there has been so much debate about whether or not they are alien institutions. They have not had the time that has sufficed over the last 130 years to protect the Indian university system from this accusation. The exception in Africa is Fourah Bay College, Sierra Leone, which has trained students for the arts degree of Durham University (England) since 1876. Until the end of the Second World War, there were only two other tertiary institutions in West Africa, Achimota College in Ghana which trained students from kindergarten to first year university courses and the Yaba Higher College in Nigeria which fully trained students for diplomas in medicine (over six years with a strong apprenticeship element), engineering and general studies. These diplomas were recognized only in Nigeria - the main reason for the later destruction of the programmes.

The rise of the African universities has been well analysed by Ashby (1964). The British Government had moved towards the establishment of universities in Africa during the early 1930s but the attempt met with scant approval from colonial administrators who apparently regarded their establishment as likely to lead to political unrest; they had to wait until two commissions of inquiry appointed in Britain in 1943 reported in 1945. From 1948, the new universities began to be established in Ghana, Nigeria and Uganda, as well as in Sudan and the West Indies.

The way they were established is still very important for determining how they work and the way they fit into development efforts. Their model was not Oxbridge, although an attempt was subsequently made to remodel the University of Ghana into a likeness of Cambridge. They were patterned on the more down-to-earth English civic universities and were for years colleges of the University of London. Ashby (1964:11-12) points out that this meant that they were largely independent of governments and zealously defended that autonomy; that the curriculum was universal (others would say European ethno-centred) and based on excellence; and that they educated those who were, or at least became, a social elite. Several factors reinforced this system for many years. The British system was based on higher education being a holistic process and impossible without the intellectual and social permeation provided by full-time residence in university halls. Indeed, Ghanaians might live within Achimota College from five years of age until early tertiary education (as did Kwame Nkrumah) and then move to the adjacent Legon campus of the University of Ghana for several more years. The importance of such social conditioning has recently been defended by a past Nigerian Head of State in a biography of the leader of the 1966 Nigerian coup as the essential background of a revolutionary in student protest. Certaintly, the full-time residence greatly raised accomodation standards for most students and made them reluctant to accept anything but a middle class way of life. The first academic faculty were necessarily overwhelmingly European, and mainly British and they often saw university independence as necessary not only intellectually but in order to protect them from the emergence of local alien political and social forces. Both local staffing and the link with the University of London made the university colleges reluctant to change curriculua, a stand that was reinforced by the desire of African students to have their qualifications recognized elsewhere. The British influence has remained, as is evidenced by the fact that 41 per cent of the degrees held by professors in anglophone tropical African universities are from universities in the United Kingdom, compared with only 23 per cent from North America, 22 per cent from Africa and 14

per cent from elsewhere (Peil, 1986: 250). African governments were eventually to tighten their control as did the Convention Peoples Party in Ghana in 1961 when it converted the University College into the University of Ghana and simultaneously established a technical institute in Kumasi which was to become the Kwame Nkrumah University of Science and Technology. The process has continued, for, as MacKenzie (1986) has pointed out, soldiers who seize leadership during coups are not easily daunted by academics.

The somewhat anormalous way that anglophone African universities were established is by no means all on the debit side. One can very plausibly argue that the experiment was more successful than the earlier establishment of the Indian Universities and that the situation of the African universities is not dissimilar to that of Western Universities from the Middle Ages onward. Compared with much of the Third World, they have maintained intellectual standards in both teaching and research. Their best students go on easily to graduate work in overseas universities. Their best faculty do read academic journals and can design research work at the frontiers of knowledge. One reason that they are part of a wider world is that they teach exclusively in English or French and they teach students who had had all or most of their schooling in these languages. Just as the intellectual arrogance of the earlier Sorbonne or Oxford was needed to keep any kind of autonomy with regard to learning, somewhat similar characteristics have often been needed in contemporary Africa. Foreigners can work with these universities without having to transform programmes or set up new centres as has so often happened in Asia.

African society is still not bound by inherited class stratification and the new elites usually have poor relations and rural roots. They may not be always very enthusiastic about researching in villages with few facilities, but, when they do so, they carry out their work easily without either those from the universities or those from the villages perceiving any insuperable cultural gaps. In some ways, African society is very open, and educated Africans can move surprisingly well into the larger society of their own countries or abroad and out of them again.

POPULATION PROGRAMMES IN THE NEW UNIVERSITIES

It is possible that a higher proportion of African universities have population programmes than anywhere else in the world. This is partly an historical accident. The first university colleges were affiliated with the University of London where the London School of Economics had a well-established sociology programme with courses in demography under David Glass. Thus, when the 1960 Ghana census created a demand for the University College to produce demographers, the structure of slots for courses, curricula and examinations was already there and needed only Frank Lorimer's willingness to fill a post and the Population Council's willingness to fund it. Even after the University of Ghana achieved its independence in 1961, it retained University of London examiners with the result that that university continued to provide a model. Sociology was not established in the University of Ibadan until later in the 1960s, but, when the University moved to do so, the first head of the Sociology Department acted quickly to introduce demography (and had been partly chosen on the grounds that he would do so). In fact, the University of Ife had moved slightly earlier than the University of Ibadan to introduce both sociology and demography,the former being established more as a vehicle for the latter than as an aim in its own right. The early pattern of universities had been broken in 1960 when Dr. Azikiwe, the Premier of the Eastern Region of Nigeria, employed the facilities of his regional government to set up a 'private' institution, the University of Nigeria at Nsukka. The University reflected Zik's American training. It was a land-grant college, although little of its income ever came from that source, and it assumed from the outset that sociology was an essential university discipline Later, when demographers turned up, they were added to the Departments of Economics and Sociology with little debate.

To understand what followed, it is necessary to realize just how influential the first universities were in Nigeria and Ghana. The authors visited ten Nigerian and two Ghanaian universities in 1987 and all had population courses. It is quite possible that this is the case in every one of Nigeria's universities. Much of the explanation lies in the fact that Ibadan was used as a model, so much so that many almost accidental features of the University of Ibadan reappear even as trivial details in the new institutions. Ibadan Faculty or graduates were almost invariably on the planning committees for the newer universities or wrote later reports with regard to the setting up of social science. In some universities, demography began just because trained demographers applied for sociology posts and it was known that they had been appointed to sociology departments elsewhere. Similarly, in Ghana KNUST looked to Legon as a model at least in the social sciences, while Cape Coast began its existence as a college of the University of Ghana.
Demography programmes spread across English-speaking Africa to Makerere, Nairobi, Dar-es-Salaam, Zambia

and elsewhere. Zimbabwe had begun population studies with anthropologists, notably Clyde Mitchell. The University of Khartoum moved toward demography as soon as a trained demographer returned from LSE. The University of Sierra Leone had several population components and in the 1960s developed a demography programme within the framework allowed by the Durham type of population geography. There was sometimes suspicion that demography was a front for family planning and alien to African culture, and there was some opposition to its expansion on these grounds at certain times in NISER, Nsukka's Sociology Department, and more recently at the University of Port Harcourt.

In terms of international assistance, the role of the Population Council is worthy of scrutiny. From 1960, the Council assisted eight sub-Saharan African population programmes to develop. It did this by providing foreign demographers to the Universities for periods which sometimes ran into several years. All these demographers taught undergraduates and graduates if there were any, as well as collaborated in research projects. They all participated in programme development, usually by persuading the Population Council to award overseas Ph.D. fellowships to their better students or underqualified colleagues. They had access to limited money for specified field projects and they normally saw to it that at least one set of the Population Council Library was available in each institution. Most of the foreign demographers were young and professionally gained both by the African experience and by continued links with the Population Council. On their advice, the Council funded supplementary activities such as the First African Population Conference in Ibadan in 1965 (actually Rockfeller funds through the Population Council), the 1970 conference in Nairobi on Population Growth and Economic Development, and the Changing African Family Project Carried out in twelve African countries from 1973. Most demography faculty at present working in sub-Saharan African universities were products of, or had contacts with, this programme.

There were, of course, other successful programmes. North Carolina's Population Dynamics Programme provided additional resources to the University of Ghana and established the excellent library that has played a major role in the success of the United Nations Regional Institute for Population Studies. It undertook similar work at the University of Nairobi. The two United Nations centres, RIPS in Ghana and IFORD in Cameroon, recruited students for diplomas and masters' degrees on a scale and from a range of countries that was greater than had been possible for purely university programmes. The Rockefeller Foundation's support in recent years for the University of Ife in Nigeria and for the University of Pennsylvania in the development of an African graduate programme in education has been of singular importance, as has its competition with relatively small grants for keeping young African demographers doing research of acceptable standard on important topics.

What is the present situation of the population programmes ? One point that should be emphasized is that they continue to teach very considerable numbers of undergraduates. It is easy for people from other parts of the world to under-estimate the importance of under-graduate teaching in Africa. The great majority of African students are undergraduates - even in Nigeria, they still form 93 per cent of all students (Kolinsky, 1986; 22). Demography is often a subject taught primarily at the graduate level, but a survey of population courses carried out in the early 197Os showed that only 2O per cent of population courses in Africa were primarily taught at the graduate level compared with 5O per cent in Asia and 56 per cent in North America (Caldwell, 1973: 119). Most higher public servants have only first degrees. The University of Ghana programme in the early 1960s taught demography to around 25O undergraduates, most of whom obtained government jobs where that training was used, and two subsequently played a major role in writing Ghana's important 1968 White Paper on Population. University Faculty have been influential in formal and informal meetings and in private advice in establishing new population policies.

There are problems too. The universities are under financial pressure and research is inadequately funded. In Nigeria, nearly all funds for graduate scholarships have collapse over the last two years. Libraries in population and other subjects are usually seriously out of date. Overworked tenured faculty, or those who are satisfied with the distinctions and perks of office, are reluctant often to do their own fieldwork in contrast to sending assistants. There is often a feeling of intellectual isolation.

HEALTH PROGRAMMES IN THE NEW UNIVERSITIES

The last 4O years have seen the emergence of modern medical schools associated with African universities, ten for instance in the West Africa of which half are in Nigeria, another seven in East Africa and two in Central Africa. One component is often a large teaching hospital which is the pride of the city or country.

These institutions have often replaced training programmes for 'near doctors', sometimes in indecent haste as when Ibadan took over Yaba. The medical schools have curricula which are large indistinguishable from those of industrialized countries in spite of being in countries with much lower life expectancies and a very different pattern of disease and cause of death. The reason is not pretentiousness. A compelling reason is the insistence that their qualifications must be recognizable in the West, for both students and their families want a guarantee that the investment of effort and money in their training can lead to overseas employement. Another reason is that the influential elites do have morbidity and mortality patterns much closer to those of developed countries and want facilities that can cope with their needs. The University of Ife attempted to construct a new type of medical school where teaching, internship and research were diffused among facilities connected with rural health centres. There has been subsequent retreat.

This means that few medical faculty are available for health research projects in collaboration with social scientists, although sometimes their students are. They are often helpful in designing projects or advising upon them but few medical school personnel are willing to undertake village work for long.

THE MOVEMENT TOWARD GOVERNMENT INTERVENTION IN THE REDUCTION OF FERTILITY

The development of population policies in sub-Saharan Africa has not come about easily and, more than in most parts of the world, has required an attitudinal and intellectual revolution. In achieving this university teaching and research programmes have been important. Governments have taken notice of local debates, local conferences and expert opinion. This was true with regard to Ghana's original development of a population policy twenty years ago and of the various stages which have marked the Nigerian move closer to such a programme.

As late as 1982, it could be written that an interest in population policy was seen as a matter of foreign concern and intervention (Green, 1982:45). Certainly, this was not the impression presented by most African countries at the International Population Conference in Mexico City in 1984 and is not the impression currently given by the Nigerian Military Government. What is true is that when African governments have sought advice or have sought to staff population bureaus, as in Nigeria, they have looked to the universities.

THE CONTEMPORARY CRISIS IN AFRICAN UNIVERSITIES

African universities are still threatened by problems of identity, by the need to agree upon their role and by debates about the directions they should take. Mazrui (1975) has seen them as being partly a manifestation of external penetration, and hence of dependency, and partly as the only institutions which, given the necessary transformations, may yet be able to provide the outside world with a flow of African ideas and interpretations. He also sees the process of transformation as fraught with anger for it is partly the foreign ideals and influences which give African Universities the strength to resist erosive forces around them.

African leaders, such as Julius Nyerere, have placed pressure on African universities to understand their own societies and to address developmental problems. Certainly, the directions so indicated provide almost unlimited scope for social, demographic and health research (see Mosha, 1986). Partly because of political leadership and partly because of an introspective concern on their own part about how universities can be made more African, the problems of integrating the universities and society have long engaged the leaders of African universities. This was the theme of the 1972 workshop in Ghana of the Association of African Universities, (Yusufu, 1983; Wandira, 1977). The desire to engage more successfully with the local population, especially the rural population, remains a challenge. Court (1980) believed that the University of Dar-es-Salaam had met this challenge well in its outreach programmes and had altered the viewpoint of its faculty although this had sometimes been done at the risk of endangering university standards. Governments remain something of a threat to the universities partly because, in difficult economic straits, they do not see the providing the right kind of leadership (Mac Kenzie,1986). However, most are willing to fund some kinds of rural or agricultural research provided it is defined in the way they see it (Caldwell, 1968: 431).

The day-to-day problems are largely financial and there have been recently in Nigeria and over a longer period in Ghana serious declines in the level of funding. This has led faculty to value subsidized appointments that carry extra funding and has often led them to look for supplementary jobs. It has had

building, prevented libraries from stocking new books, and has militated against faculty following their chief research interests rather than following the direction suggested by any available funding. Economic difficulties lead universities and politicians to suspect each other of having provided inadequate leadership.

These difficulties should not obscure the enormous changes that have characterized African university education. In 40 years, sub-Saharan Africa has gone from having no universities to having more than fifty. In Nigeria alone, the number of university students is currently near 100,000 and university-educated persons influence decisions at every level. The universities have become expansive partly because they have proliferated and such increase in scale has been made possible only by a decline in real wages. They have become more indigenous institutions because they employ more indigenous staff, a breakthrough that was made possible because of their success in the training field. In 1963-64, fiften years after the University of Ibadan was founded, Nigerian universities still employed only 670 faculty of whom almost two-thirds were expatriates; after another nineteen years, in 1982-83, admittedly at least partly permitted by oil production, faculty had grown to 8,000 of whom only one-eighth were non-Nigerians. Even the foreign faculty had multiplied by 2.4, but the Nigerian faculty had grown 28 times (Kolinsky, 1986: 17). The country now has 22 universities on over 30 campuses, and, in addition, another 20 polytechnics. It is this growth of Nigerian faculty which is solving the identity problem and which provides an increasing opportunity for social and health research. There is no longer any feeling that much of the faculty has considerable problems in understanding the society. University seminars can now be as searching a probe of local society as village research once was - and much of the university defensiveness with regard to justifying African society has gone. The problem now is to harness this new potential for the purposes of scientific research.

Two other points about African universities are important. The first is that, although junior members often find it hard to get invitations to all but the most local conferences, senior faculty, especially well known researchers, are very mobile. Kolinsky (1986:24) quoted a 1981 report by S.O. Oloyide estimating that about half this group in Nigeria - at least from the universities best known outside the country - are out of the country at any given time. This means that research has to be structured so that it continues in reliable hands during their absence. The second point is that there is not only temporary mobility but more permanent moves. African professors move into government or international organizations, or become vice-chancellors of other universities, very readily. Peil (1986: 254) calculated that only 48 per cent of all professors in anglophone tropical African Universities were in 1984 in the chairs in which they had been identified five years earlier. Once again, long-term collaborative arrangements cannot be too dependent on the goodwill of a single person.

AFRICAN UNIVERSITIES AND DEVELOPMENT

There is no problem in African universities with regard to scepticism about the need for development,for socio-economic change and for rising incomes. There is a growing consciousness of economic problems and of low rates of economic growth. On this point, African universities and African governments are in agreement. What, then, are the problems ? One problem is that there is often a lack of research money. Governments do not readily provide additional funds for research, and, when they do, financially hard pressed universities may see that some of it ends up supporting teaching or administration. Partly because of government suspicion of universities, research money is often allocated by governments to their own research institutes. This is particularly the case in Nigeria with regard to agriculture and rural development, and the relations between these institutes and universities is at the best tenuous (Kolinsky, 1986: 25,citing the 1981 Oloyide Report).

African universities have been repeatedly criticized for emphasizing the theoretical and book-learning in nearly all disciplines and limiting practical work (Kolinsky, 1986: 21). Part of the problem is that so many of the textbooks are written elsewhere about different situations, and their ideas and texts form the basis for examination questions. They can be cited in examination papers and theses without raising the accusations of subjectivity or lack of representativeness that come with citing one's own field experience. Not only is social science field work expensive, but it involves, in tropical African rural conditions, a good deal of hardship. On the other side of the balance is the fact that most African academics still have a very strong respect for village culture. They are often just sufficiently displaced from it to have their curiosity stirred, and many accordingly regard field research as a pilgrimage of cultural rediscovery. As Africa changes, this motivation seems to be strengthening rather than weakening.

There is, then, agreement on the need for development research. Disagreement surfaces only about the meaning of development and sometimes about the motives or world views of those who would advocate or fund it. Nevertheless, within the universities, suspicions arising from dependency theory or from the belief that family planning is either un-African or aiming at genocide seem to be on the decline. A greater problem now is convincing many of the researchers that agricultural development, fertility decline and health improvement are more than money and technology, and that there are very important behavioural components.

The family planning literature has in the past tended to understate the suspicion aroused in many African academics and bureaucrats by outsiders urging research into fertility control. This began to wane in Ghana and Kenya in the late 1960s when family planning became government policy, and the same process is now occuring in Nigeria. Many felt that either all family planning or some approaches were alien to African culture (Caldwell and Caldwell, 1987). Nevertheless, even some who hold this view are happy enough to carry out research showing why this is so, and this has proved to be a productive and necessary line of research.

There is still a need for convincing many social scientists that a broad culture-based research attack is needed in the health area and that enormously different levels of morbidity and mortality can be the product of the same levels of income and intervention by health services and medical technology. There is more research on indigenous medicine than there is on transitional health behaviour.

Research findings in the development field rather easily become part of government thinking in Africa. Sometimes, this happens through the organization of university or government conferences attended by both academics and government officials, and sometimes findings reported in papers or books flow into development plans. Much of the communication is individual and is brought about by the movement of academics into government planning bodies, committees of enquiry or temporarily into the authorship of development plans. Some of it is just because the elites are small and the members talk to each other because of past educational links or more recent inter-marriage between families. Increasingly, newspapers, magazines, radio and television are picking up development themes and are only too happy to present researchers with a platform for explaining their ideas and findings.

IS THERE ANY ROLE FOR INTERNATIONAL ASSISTANCE?

This question has recently been asked with regard to Kenya by Eisemon (1986) who came to the conclusion that there had perhaps been too much assistance, at least for the proper development of teaching. Whether or not this is true in the case of Nairobi, many of the universities across the region have not suffered in recent years from a surfeit of external funds. Some of the most underfunded universities are situated in remote areas of great development interest in that they are in localities typical of the homes of a majority of the region's population. The accusation will always be made by the non-researchers that research programmes are throwing too much of the weight of teaching on them. This is sometimes jealousy, but there often is a case for research funds including an item for buying the time of key faculty off some of their teaching both to allow researchers essential field time and to provide funds to hire teaching substitutes for them. In Nigeria, there are sceptics with regard to this point who identify persons teaching only 6-8 hours per week, but there are faculty in the newer universities teaching 25-30 hours per week.

There is a need for research money in most tropical African universities. There is also a need for assistance with workshops, attendance at conferences, and publications. Perhaps, most importantly, there is a need for funding research networks so that a minimum body of researchers have common objectives, have research aims and methodologies of agreed importance and excellence, and have some promise of technical assistance where needed, and appropriate conditions for analysis and reporting. There is a case for African and external universities cooperating in conditions of near equality with two-way flows of ideas and persons.

Two specific types of research in the population and health fields are now needed in sub-Saharan Africa.

One is the classical approach of demographers and epidemiologists toward statistical material. Many universities in Africa do not have full access to the data from WFS, CPS and DHS surveys and do not have PCs to allow analysis. There is a need for international cooperation in gaining access to these data and in providing equipment and expertise for their analysis.

Even more important is the need to encourage a very substantial expansion of work along micro-demographic or anthropoligical demographic lines. We know more about fertility and health parameters in African than we know about how they are brought about or might be changed. The cultural context of African behaviour is an area of great importance for study, but, although Africa has a long anthropological tradition, the fusion of that tradition with demographic and health research has been on nowhere neear the scale that is necessary. There is now a need not only to encourage micro work of this type, but to establish criteria for quality so that the findings will become accepted (cf. Caldwell, Hill and Hull, 1988).

WHY IS A SOCIAL SCIENCE APPROACH IMPORTANT IN THE AREAS OF HEALTH AND REPRODUCTION?

Behavioural components appear to be of great importance in determining the levels of health. In a study of the 99 Third World countries with populations above one million, levels of schooling, especially the education levels achieved by the parental generation, were shown to be far more important in determining life expectancy and infant mortality than were measures of health inputs, nutrition or per capita income (Caldwell, 1986: 179). The only characteristic of a population that competes with maternal education in determining infant and child mortality is the level of practice of family planning. The study identified eleven countries wit superior health achievement which averaged a per capita income of US$5OO with a life expectancy of 61 years in contrast to another eleven countries with average incomes around US$4,5OO and a life expectancy of only 51 years. It was shown that the differences were mainly behavioural, especially with regard to the position of women. Some of the behaviour was conditioned by institutions, which, although fashioned by culture and history, can be transformed. Clearly, the importance of mother's education and family planning practice depends not merely on knowledge and family size respectively but on changed attitudes and consequent behaviour toward children. A recent paper (Cleland and Van Ginnekin, 1988) concludes that, once economic influences are fully controlled, existing evidence suggests that about half of the impact of maternal education on child survival is explained by greater and better use of health facilities and about half by other behaviour which might be labelled 'care'. We have spent some years examining such behavioural changes both in south India and Sri Lanka (Caldwell, Reddy and Caldwell, 1983; Caldwell, Gajanayake and Caldwell, 1988), following earlier work in West Africa (Orubuloye and Caldwell, 1975; Caldwell, 1979), seeking conclusions that explain mortality levels and can be empoyed in social interventions. The work also shows how culturally specific many of the findings are and just how much more research there is to be done. When we surveyed a range of doctors working in primary health care, the majority of responses about the kind of research information they most needed were behavioural: why people come or do not come to their services; why they fail to return; what in fact they do with prescribed treatments; and so on.

Another reason for greatly increasing social science research on the behavioural context of health in Africa is that so many Africans will live, for years to come, beyond the effective range of health services. This is particularly serious in a region where such health services are expanding only slowly and where many countries exhibit either slow or negative rates of growth in per capita income. This is compounded by unacceptably high mortality levels, for the region contains 14 of the 16 countries in the world with life expectancies still at 45 years or below and most of those between that level and 5O years (World Bank 1987).

A similar situation obtains with regard to fertility control. Sub-Saharan Africa is the last of the world's major regions where there is still no certain evidence of national fertility decline anywhere. We have argued that there are important cultural, social and economic components that explain this situation (Caldwell and Caldwell, 1985, 1987), and have adduced evidence to show that neither relatively low income levels nor the failure to establish family planning programmes is sufficient explanation in a range of African countries (Caldwell and Caldwell, 1988). Ghana, Nigeria, Kenya, Tanzania, Zambia and Côte d'Ivoire were compared for the critical period of the mid-197Os with India, Indonesia,Thailand and China. In terms of development indices, the former did not at that time do worse than the latter, and usually did better when measured by the proportion of GDP from agriculture and the percentage of urban population as well as by education levels and the national willingness at that time to see if there were a demand for family planning. Since then, fertility has not fallen in the seven African countries while fertility decline in the Asian countries has been in the 3O-6O per cent range.

These two areas of research are by no means disctinct in Africa. High fertility is, to a large extent, attribuable to an extreme sensitivity to child mortality (Caldwell and Caldwell, 1985, 1987). High 'toddler' mortality and social structures where the father's economic and care contributions to his children are often sub-optimal owe at least something to high fertility. The conquest of AIDS in Africa is likely to achieve more

by an understanding of reproductive and sexual behaviour than of any other factor.

WHAT SHOULD BE THE PRINCIPAL TARGETS OF SOCIAL SCIENCE RESEARCH INTO HEALTH AND FERTILITY ?

In terms of health, there is a great deal of basic information that is needed. We need to know more about family economics and social and economic priorities. Research is needed to discover both normal expenditure patterns by sex, age and relationship and the extent to which these patterns are followed in terms of health expenditure. With regard to that expenditure, it is important to find out what money costs are involved, as well as expenditure in effort and alternative opportunities foregone. These should then be related to decision-making in terms of relative importance in decision-making and the basis upon which such decision-making rights exist. There is a whole area which needs exploring on perceptions of illness and sensitivity to it and on perceptions of appropriate treatment.

There is a need to explore the dimensions of care which prevent illness occuring in the first place or greatly modify its impact when it does occur. To what extent does this care involve cleanliness or reduce risks of all kinds? To what extent do simple treatments, like prescribing rest, have an impact ?

The very great impact of maternal education and of family size control on child mortality provides some starting points for researching the mechanisms that reduce child mortality. Similarly, female autonomy appears in some parts of the world to be a matter of great importance. What is the situation in Africa ? What is the relationship between female education and female autonomy?

Another important area is that of individual and family interactions with health care systems. Why and when do people go to health facilities? How do they understand the prescribed treatment? To what extent do they follow it, and to what extent do they report back the failure of the treatment?

Yet, another area is the actual working of the health system. Okediji (1975) reported on the monopolization of the Ibadan public health system by the middle class, but little more work has been done on the subject. Do some people get priority treatment and what is the basis for it? Do some health services work better than others and to what extent can this be explained in terms of the behaviour of the health givers and to what extent in terms of the clients? Some areas will have to receive special treatment in Africa. Why is toddler mortality often equal to or greater than infant mortality when in other parts of the world it is typically one-quarter or one-fifth the level? The continuation of the AIDS epidemic suggests the need for a broad programme of research on sexual and reproductive behaviour and on the behavioural context of the transmission of AIDS and STDs.

On the fertility side, further research is needed on reactions to both primary and secondary sterility whether intentionally achieved or otherwise. This might then be related to work on contraceptive acceptance and on belief systems which interfere with acceptance.

There is a need for more research on family economics and on the link between reproductive decision-making and the economic responsibility for children as well as more generally on the economics of fertility.

As family planning services spread, it will be necessary to carry out research on how they too operate. There may also be more need than in Asia to identify the purposes for which contraception is actually employed.

Much of this work must be carried out in urban as well as rural areas, among the educated as well as the illiterate and among the rich as well as the poor in order to ascertain the directions of change. There is actually more reported of high quality on traditional African than on transitional society. In Nigeria, Ghana and elsewhere, there is a specific need for work on the so-called African or Ethiopian Christian movements to ascertain the impact of faith healing, the claim to overcome sterility, and other aspects of what is now a major phenomenon.

THE ORGANIZATION OF RESEARCH

The Rockfeller Foundation is in the process of establishing a health transition programme and is still involved in discussions about the nature of the programme. Some guiding principles are gaining acceptance.

There will be an initial emphasis on behavioural research which will continue to be an important thrust of the programme. This will be achieved by attempting to form networks of First and Third World university and other research programmes with as much emphasis being placed on persons as on funding. Post-doctoral training will be important early and collaborating researchers will pass in each direction between developed and developing countries. Emphasis will be placed on building programmes. There will be an identification of research priorities between programmes and workshops aiming both at establishing research approaches and sharing findings. As the programme proceeds, attention will then be paid to graduate teaching in the health transition area. An important, but not exclusive, element in the methodology will be the anthropological approach. A substantial aspect of the programme will be its informational side. There will be workshops on specific questions and also annual reporting programmes. There will be working paper series and other publications possibly including a journal or a quasi-journal.

One important aspect of the programme will be its applied approach. At every level from theory to experiment to practice, there will be an emphasis on whether the lessons learnt can be turned into programmematic elements and governmental programme and institutions. One of the first workshops will look at this problem rather than forecasting that it will be left until the later stages of the programme.

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INSTITUTION BUILDING IN POPULATION AND REPRODUCTIVE HEALTH IN SUB-SAHARAN AFRICA

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INTRODUCTION

A clear vision of what an institution is expected to be, what it is to achieve, and a perspective of its longevity, whether short-term or long-ter.n, is important for those entrusted to establish and develop the institution. When schools, colleges or universities are established for example, the founding fathers usually have clear visions of what they want; they also believe that such institutions, once properly established, could go on for a long time serving several generations.

Such long-term visions have not been characteristic of population and reproductive health institutions, especially in sub-Saharan Africa. This is because of the doubt and uncertainty that often surround their birth. The whole idea of fertility control is still the subject of misgivings by many people, and this is not confined to the Third World. These doubts, uncertainties and misgivings usually cloud the visions that the founding fathers of such institutions seek to impart to those who must implement their dreams and aspirations.

The population profile of sub-Saharan Africa is well known, and has not undergone any significant changes over the past two decades. What have changed are a clear picture of the profile, a better understanding of the dynamics of the population, and a growing realization that something needs to be done urgently about the fast growing population. Unfortunately, there is still some debate as to what needs to be done and how.

We are talking about a population of about 460 million people with a rate of natural increase of 2.8% per annum. The average woman would have had between 6 and 7 children by the end of her reproductive life. Life expectancy is about 50 years on average, but in some countries, it is still below 40 years! The majority of the countries have per capita G.N.P. of less than US$ 500.

Behind these bare statistics are the combre details of high birth rates, high infant and high child mortality rates; of mothers giving birth too early or too late in life; or at too close intervals, and on the whole too many. The result is high human attrition. With low productivity and low incomes, poverty is rampant. The resources available to alleviate these conditions are too meagre to make a significant impact without determined remedial efforts in many directions.

The establishment of institutions to study and monitor the population and promote better health for mothers and children is one major intervention that will help alleviate the situation.

THE RESPONSE OF AFRICAN GOVERNMENTS

The response of most African governments to this challenge has, until recently, been largely luke-warm or ambivalent. This has meant that in many countries, initial programmes in family health or family planning are largely left to private initiative. In this respect, a large measure of credit is due to the International Planned Parenthood Federation (IPPF) and its Family Planning Associations (FPAs).

It must be recognized, however, that the efforts of the private sector to provide family planning information and services to the people would not have been possible without some tacit approval, at least, from the respective governments. Tacit approval in many cases included positive concessions like tax free privileges, to import contraceptive drugs and other facilities, or the use of government premises. The muted support given by many governments to family planning in the early stages is understandable in a continent where primordial beliefs and practices on fertility run deep.

The pattern that emerged was that a few governments came out openly and declared anti-natalist policies to moderate their high population growth rates. The majority took a more or less neutral stand to see how far the private sector can influence public opinion. At the other extreme, were a few governments who saw no need to take any action. Between the Bucharest World Population Conference in 1974, and the Mexico World Population Conference of 1984, attitudes had changed significantly. The Kilimanjaro Declaration of January 1984, clearly spelt out not only support for family planning as a component of development

programmes, but gave guidelines on what should be done. Since then, many African governments have come out with population policy documents, or given overt support to governmental promotion of family planning programmes.

POPULATION PROGRAMME DEVELOPMENT AND INSTITUTIONAL RESPONSES

Policies have to be given effect in programmes, and programmes have to be developed and implemented with an institutional framework. This can be done within public sector institutions or private sector institutions.

Within the public sector, the approach used was integration. This was considered the most convenient, quickest and least expensive approach. There was no need to create new institutions; all that was required was to add new functions and services with some additional funding to support the new programmes. Most family planning programme were usually attached to ministries of health; population study programmes were usually attached to the Ministry responsible for planning, bureaux of statistics or to universities. Ministries of social welfare were sometimes given responsibility for information and motivation programmes in support of family planning.

The record of integrated projects was often sadly disappointing. The resources were made available, but often in the MCH/FP integrated programmes, priority was given to maternal and child health; family planning was seen by some medical and paramedical staff as an unwelcome extra burden. In the event, many of the programmes were smothered in bureaucratic neglect.

Welfare oriented organizations were the first, in most countries, to respond to family health and family planning issues. Apart from the Family Planning Associations, other NGOs like women's organizations, and religious organisations, were among the first to take up family planning motivation and service provision.

The private sector fared a little better; for one thing, most of them were small with a minimum of bureaucratic baggage. Many were set up exclusively to promote family planning. Thus, their objectives were limited and clearer, and their staff in the main were more dedicated. The problems of the private sector programmes usually centred on meagre funds, poor management and poorly trained personnel.

When word got around that more funds were available for population and family planning programmes, private sector programmes mushroomed. Some of the implementing agencies were characterized by more enthusiasm and less competence. Others, regretably, appeared to be more dedicated to the resources than to the objectives of family planning.

The result of all these trends was that many of the programmes became "ritualistic". Staff were engaged, programmes were seen to be implemented, but programme objectives were ignored or were not properly monitored and programme achievements were low.

INSTITUTION BUILDING: THE REQUIREMENTS

All institutions reflect, to some extent, the strengths and weaknesses of the social environment in which they are nurtured. Many of the problems mentioned above are symptoms of an underdeveloped environment. To establish and develop an effective institution anywhere, there are certain requirements to be fulfilled. In developing countries, some of these requirements will need to be deliberately developed to support the institution; the environment cannot be relied upon to supply them. Here, one is not referring only to physical facilities which may be lacking in the infrastructure, but to values, attitudes, practices, skills and knowledge, each of which may need to be specially developed to support the institution. For the effective development of each institution, one would need to evaluate the environment in order to assess what emphasis to place on any particular requirement.

Such an exercise will need periodic review. As institutions grow and programmes expand, the institutional framework required for effective implementation of the programmes may require updating and upgrading. These points are easy to understand in principle but not easy to implement in practice. The culprit, in both public and private sector institutions, is vested interest.

A blue-print for institutional building will need to set out the following very clearyly:

1. **Objectives:**

Confusion over objectives can seriously affect programme directives. The questions to answer are: What is it that we want to correct or promote or support in the environment ? What do we hope to achieve in the long run ? What intermediate goals do we expect to achieve in order to achieve our ultimate goals? The exercise is to enable an institution determine its short term and more specific objectives, and its long term or ultimate objectives.

(The debate over what we mean by objectives and strategies which come up from time to time, can be set aside for the time being. What we want to be clear about are: what do we want to do, why do we want to do it, how are we going to do it, and what resources do we have or need to do it ? and what results do we want to achieve?)

2. **Strategies:**

The exact nature of the institutional interventions will have to be defined. Some institutions may set out with a single focus, e.g. research or studies on reproductive health; or delivery of contraceptive services; or information, education and communication; or training. Some may define special target groups for their interventions, e.g. youth and adolescents; women of reproductive age; opinion leaders and decision-makers. An institution may be set up to have one or more programme focus and more than one target group. What is important is that there must be consistency between the special area of activity or focus and the defined target group. Multipurpose institutions tend to have different target groups. That at once imposes on them the need to determine their priorities in terms of programme focus and target groups. This leads to the third requirement.

3. **Programmes:**

Whether an institution has a single focus or is multipurpose, it will need to develop projects, or organise a set of activities to promote its institutional focus and help to achieve its objectives. Each of the sets of activities or projects have to be justified as being first of all consistent with the institutional focus and defined target groups, and secondly be aimed at promoting the objectives of the institution. This is important if an institution is not to be seduced by available funds to abandon its stated objectives.

4. **Institutional Structure and Staffing**

The institutional objectives, the strategies and the types of programmes envisaged should help determine the structure an institution should have and the kinds of personnel it would need. Considering the wide range of programmes available, it is not possible to prescribe any particular structure. It should be as simple as possible and sufficiently flexible to be responsive to the requirements of the institution's programmes.

The problem that has dogged many institutions in Africa is that they sometimes have structures that were initially designed for a small scale volunteer based organization, and try to maintain the same structure when the programme has grown large and requires a more rationalized bureaucratic structure with clear roles, functions and responsibilities. On the other hand, in the public sector one is often dealing with an inflexible bureaucratic structure that cripples the initiative of those a c t u a l l y managing the new population and family planning programmes.

Staffing of such institutions has had related problems. In the government sector, staff may be assigned to these new programmes according to how they view it. If the programme is considered prestigious (in terms of perquisities, not necessarily of importance) then it is likely that those assigned to it will be those in the good books of the authorities concerned. On the other hand, if the new programmes are regarded as just another token gesture, then staff assigned may well be those considered somewhat redundant in the system. Either way, an institution may end up with square pegs in round holes.

The fact was that personnel with knowledge and skills in population and family planning were in short supply, so that neither in the public sector nor the private sector could enough people be mustered to man the new posts. Even then, given the doubts and uncertainties that have attended the launching of these population related programmes, the level of dedication of the personnel to the new roles was often suspect. In these circumstances, the few who are both qualified and dedicated find themselves overworked and unappreciated.

For example, in the early days of these programmes, there were many medical and paramedical personnel manning family planning posts with little or no formal training in contraceptive technology. Fortunately, this has been largely corrected, but many of the remedial programmes are still ad hoc, unsystematic and sometimes not sufficiently thorough.

The reputation of institutions depends on the quality of their output, and this in turn depends on their management capacity, that is, that blend of quality and performance of staff which we call competence on the one hand, the actual numbers of personnel available for the work and the management style of the institution that encourages good performance.

STAFF DEVELOPMENT

A major support for management capacity is staff development. Many do this, if at all, on an ad hoc basis. But for continuity and maintenance of quality performance, staff development should be a normal and regular part of institution building. Both for the short term and the long term, there should be objective anticipations of staff training needs, and these should be incorporated in the annual programmes and budgetted for. Again in view of the observed high attrition rate among family planning staff generally, it should be expected that some of this training may yield no direct returns to the institutions.

The high staff attrition rate among family health and family planning staff may be due to a variety of reasons: poor remuneration and conditions of service, lack of promotional opportunities often inevitable in small organizations or programmes, poor management support and lack of appreciation for the efforts of the staff. These issues will have to be properly addressed. An institution that has a very high turnover of staff, will not be seen to be a stable institution. It cannot win the loyalty and decidation of its staff, and will be unable to build up the cumulative wisdom and experience required for maintaining good programme performance.

RESOURCE DEVELOPMENT, FUNDING AND SUSTAINABILITY

Funding of population and reproductive health programmes in Africa from national sources has generally been poor. Government programmes, once accepted and funded, have a reasonable certainty of regular funding over the years, however limited the funds may be. Large infusion of funds for government sponsored programmes, more often than not, come from bilaterial funding sources, or from United Nations programmes. Major bilateral funding sources have been USAID, CIDA, SIDA, JOICEPF, DANIDA, NORAD, ODA, etc. From the United Nations, the main donors have been UNFPA, UNDP, UNICEF, WHO and FAO.

Most of the external donor funding listed above is given on the understanding that sooner or later, national resources will be available to support the local programmes. As such, much of the funding is supposed to be seed money. While this is understood and accepted in principle, there is little realistic hope that the beleaguered African economies would be in a position to assume any major part of the funding in the near future. The fact is that those in most need of contraceptive services, for example, are those least able to afford to pay for them.

Some private organizations impose some token fees for services. Some local fund-raising efforts are also made. But, on the whole, few programmes have any real capacity to be self-supporting for any significant period. It is difficult to be fully entrepreneural in an area of activity where public appreciation and demand is still weak. But the effort to raise local funds is worth making if only to underline the fact that the ultimate responsibility lies with the people themselves and their governments.

Uncertainty about funding has not helped family health institutions to develop long term plans. Hand to mouth existence inhibits expansion of programmes, and sometimes encourages ritualism. There is a reluctance to try out innovative programmes lest they fail and drive out the "golden goose".

All these problems are part and parcel of the general issue of "sustainability". How do we ensure that the family health programmes are sustained, and that there is adequate institutional back-up to promote and maintain them ?

Part of the answer lies in effective and efficient institution building. A good and effective programme should attract funds whether local or external. They may not always happen. A steady and growing demand for the services of an institution is a major prop for sustainability. And this means that constant monitoring and evaluation of existing programmes in order to improve their relevance, efficiency and effectiveness. Periodic and detailed needs assessment of the environment is also necessary for noting changes taking place and for anticipating new and future needs. This way, an institution can always ensure that there is a real demand for its services.

The best solution for any institution is to have some more or less permanent or regular source of funding, sufficient to ensure that it will survive the occasional financial crises that afflict many such institutions. This helps to give an institution stability; it creates confidence among its clients regarding the reliability of its programmes and services. It makes it possible to maintain a hard core staff, and the development of long term plans. However, to keep an institution on its toes, and to eliminate complacency, it has to remain competitive as far as a certain proportion of its programmes is concerned.

The pattern is quite common with many universities which get regular funds, from the government and /or some endownment, but have to bid for extra funds to r... intain their total programme.

One obvious method of resource development to sustain an institution, is investment in a building. Rents paid by some institutions are so high that they could pay for their own building in 5 to 8 years! If only the institution is sure of steady funding over the period, it could attempt to do so. There are, of course, dangers, if an institution negotiates for a loan to build and gets caught in very high mortgage interest rates, not uncommon in many African countries. (Interest rates range from 16% to 25% in many African countries, and where an institution has no expectations of longevity, it may find it cheaper simply to pay rent rather than attempt to acquire its own premises).

Multiple donor funding of an institution has its strengths and weaknesses. On the one hand, it ensures that if any one donor pulls out, provided it is not provided more than 25% of the total funds, the institution can survive. (This has been the experience so far with some well-known organizations like the IPPF, UNESCO and ILO). One the other hand, meeting the individual demands of different donors can be a nightmare for finance officers and programme directors. Projects have to be written according to different formats, financial procedures, regulations and reporting may differ from donor to donor, some may require separate blank accounts for their funds, and the financial years and reporting dates may also differ.

These problems have been recognized and some donors have accordingly simplified some of their procedures. Another approach which is receiving favour is to organize donor conferences where the donors pledge funds into a pool to support an organization and its programmes: control, reporting and periodic evaluation are all done centrally or jointly and not piecemeal as before. This is proving to be more convenient to all concerned. The draw-back, for some donors in this approach, is that they cannot identify with any particular project as their own.

DEVELOPING AN ESPRIT DE CORPS AND EFFECTIVE LEADERSHIP

Given the pressures and crises that often afflict many African institutions, - a reflection often of evironmental changes, social, political and natural - maintaining high morale in an institution is extremely important to ensure institutional survival. It is not enough to build up a team of qualified, skilled and hard working staff. They must be people dedicated to the institutional objectives and in particular, to the actual projects or programmes they are assigned to implement. But above all, they must learn to work as a team, willing to support each other and loyal to the institution.

This requires effective leadership. Staff must know what they are doing, why they are doing it, and what they are trying to achieve. They must have confidence in their leader. This must not be confused with mere popularity. Some leaders are popular because they are weak and pander to the wishes of staff rather than to the objectives of the institution. This can lead to alienation of institutional objectives and functions.

Confidence in leadership derives from the professional competence and style of management of the leader or director. He must be able to carry his staff with him in his interpretation of their institutional objectives and the programmes necessary to achieve those objectives. He must be consistent, fair and firm in his relations with his staff.

Good staff relations are enhanced where a body of clearly stated staff regulations and attractive terms and conditions of service exist, and are implemented with a will.

It has to be admitted that there are many situations in which directors, managers or heads of departments may not be free to operate according to the books. Sometimes, boards of Directors, management or executive committees, ministerial directives, etc., may hand down capricious instructions and decisions that make the directors or managers look like "riders on mad horses". Such unpleasant situations may arise because of "political" changes in the personnel on boards and management committees. Sometimes, the problems arise from poor briefing of the committee members. Where full confidence between the management committees or boards and the staff is maintained, such conflicts can be minimized.

CONCLUSION

In this short paper, an attempt has been made to review in general terms the patterns of institutional development of many of the family health, family planning and population related institutions in sub-Saharan Africa. An attempt has also been made to underline some of the critical issues that must be attended to in order to ensure a strong and viable institution. The author has drawn heavily on the evaluation reports that come up at regular intervals on many such institutions, and programmes funded especially by external donors.

Actual references to institutions has been avoided in order to focus attention on trends and principles rather than risk invoking invidious comparisons.

The author has personally been involved in the creation and development of the Demographic Unit of the Department of Sociology from 1966 to 1975 when it was taken over and upgrated into the U.N. Regional Institution for Population Studies (RIPS). More recently, as Director of the IPPF Centre for African Family Studies, since 1979, he has been a participant observer of such institution building.

On reflection, it is his conviction that where both the policy bodies and the staff have a common understanding of their roles and programme objectives and are dedicated and sincere in their efforts, an institution has a good chance of achieving its objectives.

INSTITUT DE FORMATION ET DE RECHERCHE DEMOGRAPHIQUES
I F O R D

L'EXPERIENCE DE L'IFORD EN MATIERE DE FORMATION ET DE RECHERCHE DEMOGRAPHIQUES

Yaounde, août 1988

1. CONSIDERATIONS GENERALES

1.1. Les besoins en matière de formation des démographes

Face à l'importance croissante des problèmes de population au cours des deux dernières décennies, une mission des Nations Unies pour la programmation démographique en Afrique recommandait de donner la première priorité à la création de deux centres de formation démographique d'un niveau élevé, l'un pour les pays anglophones et l'autre pour les pays francophones. En février 1969, lors de sa 9ème session, le Conseil des Ministres de la CEA a approuvé cette recommandation ; puis en février 1971, lors de sa 10ème session, elle a recommandé d'accélérer la mise en place des deux centres.

A cette époque, les besoins de l'Afrique francohpone en spécialistes des questions de population étaient énormes et concernaient tous les domaines de la démographie. En effet, on dénombrait à peine une quinzaine de démographes pour toute la région. La formation des démographes apparaît donc bien comme une priorité du moment.

Ces besoins sont encore considérables aujourd'hui même si leur ampleur et leur nature sont variables selon les pays.

1.2. Création et objectifs de l'IFORD

L'Institut de Formation et de Recherche Démographiques (IFORD) établi à Yaoundé a effectivement ouvert ses portes en novembre 1972 à la suite d'un accord intervenu en 1971 entre le gouvernement du Cameroun et l'Organisation des Nations Unies. Jusqu'au 30 juin 1982, l'Institut était financé et administré conjointement par les deux parties signataires.

L'IFORD a été régionalisé en juillet 1982. Aux termes de cette régionalisation, l'Institut dessert prioritairement les 25 pays francophones d'Afrique. Ceux-ci sont tenus d'apporter des contributions financières à l'Institut pour lui permettre de fonctionner ; ils sparticipent au Conseil d'Administration et au Comité Consultatif de l'Institut. La CEA est l'agence d'exécution de l'IFORD. Le Conseil d'administration est présidé par le Secrétaire exécutif de la CEA. Les statuts qui régissent l'Institut ont été adoptés par la résolution 37/444 du 21 décembre 1982 de l'Assemblée Générale des Nations Unies.

L'objectif principal de l'IFORD est la formation des démographes ressortissants des 25 pays francophones d'Afrique, ainsi que la promotion de la recherche sur des questions de population dans ces pays. L'Institut fournit également aux gouvernements des pays desservis qui en font la demande, tous services consultatifs dans le domaine de la démographie. Malgré la priorité accordée à la formation pendant longtemps, les travaux de recherches connaissent un regain d'activité depuis quelques temps.

1.3. Débouchés pour les diplômés de l'IFORD

Depuis sa création jusqu'en septembre 1987, l'IFORD a formé 203 démographes.

L'absorption des diplômés de l'IFORD par le marché de l'emploi traduit aussi d'une certaine manière les besoins actuels en matière de formation. Une étude menée en 1986 sur les 12 premières promotions totalisant 172 diplômés a montré que les Directions de Statistique et les Ministères chargés du Plan des différents Etats-membres de l'IFORD sont les principaux utilisateurs des diplômés de l'Institut ; ils absorbent à eux seuls environ 60% des cadres formés. Les autres ministères engagés dans des activités de planification sectorielle (santé, éducation, urbanisme...) occupent 10% de l'effectif ; les autres démographes sortis de l'IFORD sont engagés dans les structures d'enseignement ou de recherche (19%), dans les organisations internationales (6%), dans des sociétés et autres organismes tant publics que privés (5%).

2. ACTIVITES DE L'IFORD

Aux termes des statuts, l'objectif principal de l'Institut est la formation en démographie des ressortissants des pays membres ainsi que la conduite des travaux de recherche concernant ces pays et la publication des résultats de ces recherches.

2.1. Conditions générales

S'agissant de la formation, elle revêt deux aspects distincts : il existe d'une part la formation classique des démographes qui constitue le cycle de base de la formation et d'autre part une série d'autres activités de formation non classique, telles que des missions d'enseignement de courte durée dans les pays desservis qui en expriment le besoin, le stage d'initiation à la recherche, les stages de perfectionnement à l'intention des démographes en activités dans les pays, etc. Si la formation du cycle de base des démographes constitue la raison d'être de l'Institut, les activités de formation non classique bien que très utiles, ne sont entreprises en fait que si les moyens (personnel, matériels et financiers) de l'Institut sont suffisants. Ainsi ne sont-elles pas accomplies avec la même régularité que les activités du cycle de base.

Dans le programme de formation des démographes l'accent est mis à la fois sur la collecte et l'analyse des données démographiques. Ce programme comporte notamment un volet pratique qui est la conception et la réalisation par les étudiants eux-mêmes d'enquête dans les villes moyennes du Cameroun (10 000 - 30 000 habitants environ).

L'admission à l'IFORD se fait sur concours ouvert aux candidats originaires des 25 Pays africains membres de l'IFORD et titulaire d'un diplôme d'ingénieur des travaux statistiques, ou d'une licence de géographie, de sociologie, d'économie ou de mathématiques, ou bien d'un diplôme reconnu équivalent par l'IFORD. Les candidats qui doivent subir les derniers examens de licence ou qui doivent terminer leur scolarité d'ingénieur des travaux statistiques en juin de l'année du concours, sont admis à concourir, mais ne peuvent être déclarés admis que sous réserve de la présentation du diplôme exigé avant la fin du mois de juillet.

La diversité des formations de base des candidats reflète le caractère interdisciplinaire de la démographie et tient compte à la fois du profil des démographes à former et de la nécessité de faciliter l'accession des futurs diplomés à la hiérarchie supérieure des différentes fonctions publiques des pays desservis.

Tous les candidats admis à l'Institut sont automatiquement boursiers des Nations Unies. Cette bourse couvre les frais de subistance à Yaoundé, le voyage, l'assurance-maladie et d'autres charges. Il convient de signaler qu'en raison des restrictions budgétaires décidées par le 13ème session du Conseil d'Administration de l'Institut tenue en juillet 1985, le recrutement des étudiants se fait désormais une fois tous les deux ans.

2.1.2 Scolarité et programme de formation

La durée de la scolarité est de deux ans. La première année de l'IFORD comprend des cours, des travaux dirigés et des travaux pratiques sur le terrain destinés à faire acquérir aux étudiants non seulement une solide formation théorique en démographie leur permettant d'analyser et d'interpréter des données démographiques mais aussi une expérience pratique en matière de collecte et d'exploitation des données.

La deuxième année est consacrée à l'étude des matières relevant de la démographie appliquée devant permettre aux étudiants d'approfondir les connaissances acquises en première année pour mieux aborder l'étude des interactions entre la population et le développement économique et social, en vue de faire d'eux de spécialistes avisés, capables de conseiller les pouvoirs publics dans la définition des politiques de population. A cours de cette année, les étudiants, dans le cadre d'une initiation à la recherche démographique, rédigent un mémoire consacré à l'étude d'un problème de population en Afrique.

L'essentiel de formation à l'IFORD est assurée sous forme de :

- cours et travaux dirigés ;
- séminaires et conférences ;
- réalisation d'une enquête sur le terrain, et analyse des données qui en sont issues ;

Le système d'évaluation consiste en un contrôle suivi des connaissances qui comprend :

- des devoirs ;
- des exposés ;
- des interrogations écrites et orales ;
- des travaux particuliers (rapports d'enquête, mémoire, etc.).

Le passage de la première à la deuxième année est subordonné à l'obtention d'une moyenne au moins égale à 12 sur 20 ; en deuxième année, les étudiants dont la moyenne est au moins égale à 12 sur 20 obtiennent le diplôme de l'IFORD, dénommé Diplôme d'Etudes Démographiques (D.E.D.).

Les enseignements s'articulent autour de quatre groupes de matières: la démographie proprement dite, la statistique, l'économie et la sociologie, les enseignements divers.

Les matières démographiques comprennent entre autres, les cours suivants : méthodes d'analyse démographique, mortalité et morbidité, fécondité et nuptialité, migrations, évaluation et ajustement des données imparfaites, transition démographique, doctrines de population, perspectives démographiques, analyse, évaluation et planification des ressources humaines, politiques de population, collecte et exploitation des données, pratique des enquêtes démographiques, etc.

Les cours de statistique portent sur la statistique appliquée à la démographie, le sondage, les méthodes multidimensionnelles d'analyse des données.

Les cours d'économie portent sur l'économie générale et l'économie du développement alors que ceux de sociologie sont centrés sur la sociologie de la population.

Parmi les enseignements divers figurent notamment l'informatique et l'initiation à l'utilisation des logiciels d'exploitation et d'analyse des données démographiques.

Il convient de relever que, au fil des années, ce programme de formation a subi des modifications et des aménagements pour tenir compte de la dynamique des besoins de la sous-région. Depuis quelques années, un accent est mis sur les rapports entre la population et le développement, ce qui justifie l'introduction des cours sur population et environnement, population et aménagement du territoire, population et développement, analyse, évaluation et planification des ressources humaines.

La préparation d'un mémoire par les étudiants au cours de la deuxième année de formation occupe une place importante pour l'obtention du diplôme.

2.1.3. Diplôme

L'IFORD délivre un diplôme unique à l'issue des deux années de scolarité : le Diplôme d'Etudes Démographiques (D.E.D). Celui-ci équivaut au Master of arts américain, à la Maîtrise belge et au Diplôme d'expert-démographe français. Au plan de l'insertion professionnelle, le D.E.D est pris au niveau le plus élevé dans la quasi-totalité des Fonctions Publiques des Etats-membres.

2.1.4 Autres activités de formation

Parmi les activités de formation non classique, on peut mentionner: le stage d'initiation à la recherche, les stages de perfecttionnement ou de recyclage, les cours intensifs d'initiation démographique et statistique.

D'une durée de neuf mois, le stage d'initiation à la recherche a pour objectif principal de permettre à certains jeunes diplômés de l'IFORD de s'initier à la recherche et d'acquérir un complément de formation. En plus de leur participation aux activités du Département de la Recherche, les stagiaires effectuent des travaux de recherche personnels sur un sujet de leur choix. Ces travaux peuvent donner lieu à la présentation d'un mémoire de D.E.A. ou être publiés dans les Annales de l'IFORD. Les stagiaires prennent aussi une part active à l'enseignement comme chargés des travaux dirigés. De 1976 à 1988, 37 anciens étudiants ont pris part à cette activité.

Les stages de perfectionnement ou de recyclage ont pour but de familiariser des démographes africains en activité avec l'usage de techniques récentes d'analyse des données démographiques, de leur permettre de se mettre au courant de l'évolution des idées, d'échanger leurs expériences, bref d'améliorer et d'actualiser leurs connaissances. Les candidats sont sélectionnés sur une base individuelle parmi les fonctionnaires et chercheurs africains ayant une formation satisfaisante en démographie et dont les intérêts professionnels portent sur le thème retenu pour le stage.

Ces stages sont généralement organisés par l'IFORD en collaboration avec d'autres organismes tels que l'Union Internationale pour l'Etude Scientifique de la Population (UIESP), le Groupe de Démographie Africaine (GDA dvenu CEPED) ou la Commission Economique pour l'Afrique (CEA). Quatre stages du genre ont déjà eu lieu à ce jour.

Face à la pénurie de cadres statisticiens et démographes dont souffrent certains pays, il est apparu indispensable pour le développement des statistiques démographiques et sociales d'envisager l'organisation sur place dans ces pays de cours intensifs d'initiaiton démographique et statistique à l'intention des agents travaillant dans ce domaine. Il s'agit bien évidemment d'une solution à moyen terme en attendant que la formation des techniciens et cadres supérieurs de la démographie et de la statistique trouve pour le long terme une solution satisfaisante.

Les cours intensifs d'initiation démographique et statistique visent à long terme le développement de la collecte des statistiques démographiques et sociales nécessaires à l'élaboration des plans de développement économique et social. Dans l'immédiat, ils visent la formation des agents chargés de la collecte des statistiques démographiques et sociales en accroissant leur capacité technique et par voie de conséquence, la qualité des statistiques produites.

A ce jour, l'IFORD a déjà organisé deux cours intensifs : aux Comores en 1984 et à Djibouti en 1985.

2.2. Activités de recherche

La mission de l'IFORD en matière de recherche démographique se trouve précisée dans les objectifs de l'Institut : elle consiste à promouvoir la recherche démographique dans l'ensemble des pays desservis par l'Institut.

Les orientations générales de cette mission ont été définies par un séminaire organisé à cet effet par l'IFORD en novembre 1976 à Yaoundé et qui regroupait une cinquantaine de spécialistes des questions de population,. Ce séminaire a défini le cadre général de la recherche à l'IFORD et les thèmes prioritaires de cette recherche tout en mettant l'accent sur le rôle de l'IFORD en matière de coordination de la recherche démographique dans la région.

Les activités de promotion de la recherche comprennent : la réalisation des travaux de recherche, l'organisation de colloques, séminaires et ateliers, les publications.

2.2.1. Travaux de recherche

L'une des activités principales de recherche de l'IFORD au cours de ces dernières années a été le programme des Enquêtes sur la mortalité infantile et juvénile (EMIJ) réalisées dans cinq capitales africaines : Brazzaville, Cotonou, Lomé, Ouagadougou, Yaoundé. La méthodologie utilisée était la même pour toutes ces enquêtes et consistait en l'enregistrement pendant 12 mois d'un échantillon de naissances survenues dans les maternités et en l'observation suivie des enfants nés-vivants à travers plusieurs passages. Les résultats de ces enquêtes ont commencé à être publiés en 1985 et leur publication se poursuit.

Est en cours d'exécution un projet de recherche sur l'Analyse démographique des villes moyennes du Cameroun.

Outre ces activités collectives qui mobilisent l'ensemble du personnel de l'Institut et d'importants moyens matériels et financiers et qui s'étalent généralement sur une période relativement longue, les enseignants et chercheurs de l'IFORD conduisent annuellement des recherches individuelles destinées à alimenter les Annales de l'IFORD, revue scientifique de l'Institut.

2.2.2. Rencontres scientifiques

L'organisation des séminaires et colloques au niveau national et régional fait également partie des activités de l'IFORD destinées à promouvoir la recherche. L'Institut les organise seul ou en collaboration avec d'autres institutions. Parmi les rencontres déjà organisées, on peut mentionner notamment:

- Colloque sur l'état-civil (1975) à Ouagadougou ;
- Séminaire sur la recherche démographique en Afrique (1976) à Yaoundé;
- Colloque de démographique africaine (1979) à Abidjan ;
- Séminaire sur les politiques de populations en Afrique (1979) à Lomé ;
- Groupes de travail sur les enquêtes sur la mortalité infantile et juvénile (1979) à Yaoundé ;
- Séminaire international sur "Mortalité et Société en Afrique au Sud du Sahara" (1987) à Yaoundé;
- Atelier sur la "Formulation et la rédaction d'un projet de recherche (1988) à Yaoundé ;

Pour valoriser les résultats des recherches, l'IFORD a mis en place cinq séries de publications :

- Le "Bulletin de Démographie Africaine" qui paraît trois fois par an, est un bulletin d'informations générales sur les démographes travaillant en Afrique francophone ainsi que sur les activités en matière de population de la région. 56 numérons ont déjà été publiés dont 29 par l'IFORD depuis 1979 ;
- "Les Annales de l'IFORD" est une revue scientifique à parution semestrielle, destinée à faire connaître non seulement des travaux des enseignants et chercheurs de l'IFORD, mais aussi ceux des autres démographes africains. 12 volumes ont déjà été publiés à ce jour ;
- Une série spéciale a été conçue pour publier les résultats des enquêtes sur la mortalité infantile et juvénile : c'est la série EMIJ dont quatre numéros ont déjà été publiés ;

- les autres publications de l'IFORD sont : IFORD-BIBLIO-INFO, revue bibliographique (3 numéros déjà disponibles), et les Documents Pédagogiques.

2.2.3. Services consultatifs

L'IFORD offre des services consultatifs aux gouvernements et organismes qui en font la demande, tant en matière de recherhce que d'enseignement. Plusieurs missions sont effectuées chaque année dans les pays desservis à cet effet.

Parmi les services consultatifs fournis ces dernières années par l'IFORD, ont peut citer les cours intensifs organisés à Moroni en 1984 et à Djibouti en 1985, l'appui scientifique apporté au Bureau régional de l'IPPF pour l'Afrique pour l'organisation du Séminaire sous-régional sur "l'argument santé pour la planification familiale" à Lomé en avril 1988, ainsi que l'appui scientifique et technique apporté au Burkina-Faso et au Congo pour l'analyse des données de leur recensement (Juillet et Août 1988).

2.2.4. Calendrier des activités

Alors que les activités de recherche s'étalent sur toute l'année, celles liées à la formation suivent un calendrier précis. L'année universitaire court sur neuf mois, de septembre à juin. Elle est subdivisée en trois trimestres entrecoupés de périodes de congés de deux semaines en décembre et mars, et de deux mois et demi entre juin et septembre. Il peut arriver toutefois que pour des raisons d'indisponibilité des enseignants, l'année universitaire soit prolongée de quelques semaines.

3. ARRANGEMENT INSTITUTIONNEL ET FINANCEMENT

3.1. Cadre juridique

Depuis sa création jusqu'en 1982, l'IFORD était financé et administré conjointement par les Nations Unies à travers le FNUAP et le Cameroun. Depuis juillet 1982, l'Institut a été régionalisé. Aux termes de cette régionalisation, les 25 pays desservis sont tenus d'apporter des contributions financières à l'Institut en vue de son fonctionnement ; mais ils participent aussi au Conseil d'Administration et au Comité Consultatif de l'Institut. La Commission Economique des Nations Unies pour l'Afrique (CEA) est l'agence d'exécution et le Conseil d'Administration est présidé par le Secrétaire exécutif de la CEA. A partir de 1982, l'IFORD est devenu un organisme subsidiaire des Nations Unies, régi par des statuts émanant de la résolution 37/444 du 21 décembre 1982 de l'Assemblée Générale des Nations Unies.

L'IFORD est dirigé par un Directeur assisté d'un Administrateur chargé des questions administratives et financières. La coordination des activités de l'Institut se fait à l'intérieur de deux Départements, le Département des Etudes et celui de la Recherche, ayant à leur tête un Coordinateur.

3.2 Restructuration de l'IFORD

Compte tenu de la réduction progressive annoncée de l'assistance du FNUAP à l'IFORD (Résolution 84/21 du Conseil d'Administration du PNUD/FNUAP), la Conférence des ministres de la CEA a adopté en 1986 la résolution (577 (XXI) demandant au Secrétaire exécutif de la CEA de procéder à la restructuration des instituts de formation démographique (IFORD et RIPS) afin, d'une part d'en réduire les coûts globaux de fonctionnement et, d'autre part, d'amener les Etats-membres à prendre progressivement une part importante dans le financement de ces instituts. La procédure de restructuration est en cours. Par la résolution 577 (VVI), la Conférence des Ministres a également invité le FNUAP à poursuivre et à maintenir jusqu'en 1992 son niveau actuel de financement de l'IFORD afin de laisser aux Etats-membres le temps de se ressaisir de la crise et de remettre de l'ordre dans leurs économies fortement perturbées.

3.3. Personnel

Au total 30 personnes travaillent à l'IFORD parmi lesquelles six (6) experts des Nations Unies, un (1) démographe mis à la disposition de l'IFORD par le Cameroun, un (1) démographe mis à la disposition de l'IFORD par la France (poste vancant depuis septembre 1987), un (1) expert-associé des Nations Unies, une (1) assistante administrative et vingt (20) agents d'appui adminitratif et technique.

La restucturation de l'Institut entraînera nécessairement le changement de son statut juridique ainsi que la modification de ses structures internes.

3.4. Sources de financement

Les activités de l'IFORD sont financées par deux sources : les subventions allouées annuellement par le Fonds des Nations Unies pour les Activités en matière population (FNUAP) et les contributions des Etats-membres. Il convient de souligner que jusqu'en 1982, le Cameroun était le seul Etat africain à contribuer au financement de l'Institut conformément au premier Accord de siège. Il faut en outre ajouter que les contributions des autres Etats sont irrégulières. De 1972 à 1987 l'ensemble des subventions du FNUAP se sont élevées à 8,983 millions de dollars américains. Les subventions annuelles pour 1985, 1986 et 1987 s'élèvent respectivement à 797 000, 676 850 et 906 000 dollars. Le programme des enquêtes sur la mortalité infantile a été conjointement financé pAr l'USAID, le CRDI et le FAC (French Bilateral Assistance Fund). Ce dernier organisme accorde annuellement à l'IFORD, depuis 1979, une subvention de 100 000 à 150 000 francs français pour soutenir les activités de publications. Depuis 1986, le CRDI a octroyé à l'IFORD une subvention de 87 275 dollars canadiens pour le projet "Renforcement des activités du Centre de Documentation", pour une période de deux ans. Le projet de recherche sur "l'Analyse démographique des villes moyennes du Cameroun" est financé pour deux ans (1987 et 1988) par la Fondation Rockefeller pour un montant de 85 000 dollars américains.

La diversité des sources de financement autres que le FNUAP montre la volonté de l'IFORD de développer les activités de promotion de la recherche, d'une part, et d'élargir au mieux son champ de coopération d'autre part.

S'agissant des contributions des Etats-membres, il convient de souligner que depuis sa régionalisation en 1982 l'Institut connaît d'énormes difficultés financières du fait de l'insuffisance et de l'irrégularité de ces contributions. La situation a été extrêmement critique en 1987 et ne s'est guère améliorée en 1988, malgré les efforts de certains Etats ; sur 25 pays-membres, 14 n'ont jamais versé de contributions à l'Institut, parmi ces pays 3 seulement (Maurice, Seychelles, Tunisie) n'ont jamais utilisé les services de l'Institut ; tous les autres ont déjà eu leurs ressortissants formés à l'IFORD. Au total, les contributions des Etats ne dépassent guère les 20 % du budget de fonctionnement, qui est de 150 millions francs CFA.

Les conséquences immédiates de cette insuffisance des ressources financières sont, entre autres :

- les risques de graves conflits sociaux entre l'IFORD et son personnel local, liés au non versement ou au versement tardif des salaires ;
- les risques de litiges entre l'IFORD et ses fournisseurs liés au non paiement de factures ;
- la perturbation des activités de formation et de recherche découlant des deux premiers types de conséquences.

Devant la gravité de la situation financière de l'Institut telle qu'elle a été rapidement brossée ci-dessus, la CEA et l'IFORD ont intensifié la campagne de sensibilisation des Etats-membres afin de les amener à s'acquitter de leurs obligations financières vis-à-vis de l'IFORD.

4. EQUIPEMENTS

4.1. Bibliothèque

Pour remplir certains de ses objectifs en matière d'enseignement et de recherche, l'Institut est doté d'un Centre de documentation. Son fonds documentaire s'est enrichi et est actuellement de 10 000 ouvrages et périodiques. Le Centre reste encore rudimentaire particulièrement en ce qui concerne les moyens de fonctionnement, et son fonds documentaire nécessite une actualisation régulière. Le "Projet de renforcement du Centre de documentation" financé par le CRDI et en cours d'exécution depuis 1986, vise principalement à améliorer le fonctionnement du Centre pour accroître son utilisation par les enseignants, les étudiants et les chercheurs. Cette amélioration prévoit l'informatisation de la gestion du Centre ; le problème crucial du Centre reste cependant la double insuffisance du personnel et de l'espace.

4.2. Support informatique

L'Institut est actuellement doté d'un parc informatique composé de dix (10) micro-ordinateurs dont 3 IBM-AT, 1 IBM-XT, 3 compatibles PC, 2 AMSTRAD, 1 QUESTAR M. Cet équipement sert à la fois pour la formation des étudiants et pour l'exécution des travaux de recherche.

L'obtacle majeur du développement de l'informatique à l'IFORD demeure actuellement l'absence d'un informaticien pour assurer l'encadrement des travaux ainsi que la formation des étudiants.

5. COOPERATION

L'IFORD coopère de manière formelle avec divers institutions ou organismes tant africains que non africains. Cette coopération porte notamment sur les points suivants :

- échange d'enseignants et de chercheurs,
- échange d'informations sur les activités et les programmes de recherche et de formation,
- échange de documentation et de publications,
- réalisation de travaux de recherche communs,
- organisation conjointe de réunions scientifiques,
- réalisation de publications conjointes, etc.

Parmi les organismes et institutions coopérant avec l'IFORD, on peut citer : l'Union Internationale pour l'Etude Scientifique de la Population (UIESP), l'Union pour l'Etude de la Population Africaine (UEPA), le Centre de Recherches pour le Développement International (CRDI), la Fondation Rockefeller, le Centre Français sur la Population et le Développement (CEPED), l'Université de Yaoundé, l'Université Catholique de Louvain, l'Institut de Démographie de Paris (IDP), l'Université de Pennsylvanie, le Regional Institute for Population Studies (RIPS), les Directions de Statistique des Etats-membres, etc.

6. PERSPECTIVES

Le problème principal de l'IFORD est actuellement l'incertitude des contributions des Etats face à la perspective de réduction de la subvention de l'ONU. Mais compte tenu du rôle irremplaçable de l'IFORD dans la région en matière de formation et de recherche sur des questions de population, on espère qu'une solution

appropriée sera trouvée à ce problème. Si on peut considérer comme satisfaisants les résultats déjà obtenus en matière de formation, les objectifs dans le domaine de la recherche exigent encore beaucoup d'efforts qui nécessitent des ressources humaines et financières. La formation des cadres moyens en démographie reste un problème préoccupant.

Les besoins actuels des pays africains tant en matière de formation que de recherche démographique sont encore loin d'être comblés, même si la situation est variable selon les pays.

La restructuration de l'IFORD apparaît actuellement comme une solution inévitable pour la survie de l'Institut et son expansion. Mais cette restructuration implique que soient repensés son rôle ainsi que ses moyens d'actions y compris les sources de financement.

DEVELOPPEMENT INSTITUTIONNEL EN POPULATION

EN SANTE REPRODUCTIVE

INSTITUTIONS REGIONALES ET PROGRAMMES EN AFRIQUE AU SUD DU SAHARA : LE CAS DU CERPOD

Dr. Papa Syr Diagne

Le Centre d'Etudes et de Recherches sur la Population pour le Développement (CERPOD) a été créé en remplacement de l'Unité Socio Economique et de Démographie (USED) par la résolution No.19 de la 23ème session du Conseil des Ministres du Comité Inter Etats de Lutte contre la Sécheresse dans le Sahel (CILSS) tenue à N'djaména les 24 et 25 janvier 1988. Cette décision allait être entérinée quelques jours plus tard par la 8ème conférence des Chefs d'Etats et de Gouvernement de l'organisation sahélienne. La réunion du Club du Sahel tenue le 26 janvier avait débattu au point 4 de son ordre du jour des "politiques démographiques dans le Sahel". Elle a ainsi discuté des évolutions de la politique démographique dans le Sahel et des recherches à entreprendre et/ou à poursuivre de même que les rôles respectifs de l'état et des organisations privées dans l'élaboration et la mise en vigueur d'une politique démographique consciemment acceptée.

Ces événements, difficiles à imaginer quelques années auparavant, étaient une consécration des intenses efforts déployés depuis exactement dix ans pour l'étude approfondie des interrelations population/développement et par voie de conséquences leur prise en compte dans les stratégies et politiques de développement des pays sahéliens.

Le CILSS ayant été créé suite à la grande sécheresse de 1972, on avait tendance à priori à discuter d'agriculture et d'aide alimentaire plutôt que de recherches en sciences sociales. Les responsables de l'USED ont cependant, dès sa création en fin juin 1978, attiré l'attention sur un certain nombre de questions. En effet, comment peut on par exemple fixer avec pertinence des objectifs et surtout atteindre l'autosuffisance alimentaire, tant recherchée dans les pays sahéliens, sans avoir des données fiables sur les effectifs des producteurs et des consommateurs, leur répartition géographique et leur évolution dans le temps ? Comment un projet de développement rural peut-il pleinement aboutir si ses promoteurs aussi bien intentionnées soient-ils, ne connaissent, dans leur dynamique, ni les effectifs, ni la structure donc la capacité de travail et les besoins de consommation des populations appelées à en bénéficier ? Ceci est d'autant plus fondamental que la croissance économique ainsi générée à des effets démographiques induits dont la maîtrise conditionne la reproduction élargie du nouveau système socio-économique mis en place.

La problématique des interrelations population/développement devait donc être prise sous forme d'influences réciproques. Quelle influence les variables démographiques ont-elles sur les variables socio-économiques ? Quelle influence les variables socio-économiques ont-elles sur les variables démographiques ?

Dès lors on allait fixer au Programme de Recherches Démographiques pour le Sahel (PRDS) de l'USED un objectif fondamental à savoir : contribuer à une meilleure connaissance des sociétés sahéliennes et de leur dynamique pour faire jouer à la planification économique et sociale un rôle plus actif dans l'amélioration des conditions de vie des populations et dans la réhabilitation des écosystèmes de la sous région.

I. DE L'USED AU CERPOD : "HISTOIRE D'UNE EVOLUTION"

Entre juin 1978, date de la création de l'USED et janvier 1988, qui marque sa transformation en CERPOD, l'histoire de cette structure peut être divisée en quatre périodes.

De juin 1978 à décembre 1980, les responsables de l'USED allaient mettre l'accent sur la définition des axes prioritaires en étroite relation avec les responsables sahéliens. Les réunions de Bamako (octobre 1978 et mai/juin 1979) donnaient les grandes orientations du Programme de Recherches Démographiques pour le Sahel (PRDS). L'élaboration du document de projet soumis à l'Agence Américaine pour le Développement International (USAID), des longues négociations sanctionnées par la signature de la Convention le 25 août 1980, les dispositions à prendre pour répondre aux conditions de mise en vigueur du crédit caractrisent cette période de gestation. Elle sera suivie à partir de janvier 1981 d'une phase de développement intense autour des composantes suivantes :

- Exploitation et Analyse des Données Démographiques (EXADD) ;
- Etudes sur les Interrelations entre Population/Santé et Développement (PSD) ;
- Etudes sur Migrations ;
- Collecte de statistiques sanitaires ;
- Formation et Coopération.

Parallèlement les questions d'assistance technique et de développement institutionnel font l'objet d'une attention particulière.

Ces activités devaient être jugées très positivement par la mission d'évaluation de l'USAID qui note dans son rapport en février 1983 :

> "l'évaluation globale des travaux accomplis par l'USED et ses institutions collaboratrices est très favorable. Les responsables de l'USED ont d'une façon remarquable réussi à lancer les principaux projets de rassemblement de données et d'analyses ébauchés dans le document de projet. Il convient de féliciter l'USED pour le développement d'un système efficace procurant une assistance technique assurant la formation de démographes et statisticiens sahéliens et établissant un réseau régional à l'intérieur et à l'extérieur de Sahel".

La mission suggérait également à l'USED de devenir un Centre où :

a) Les chercheurs nationaux pourraient apporter leurs propres données et travailler pendant plusieurs semaines sur leurs propres analyses.

b) Le personnel de l'USED pourrait entreprendre des études méthodologiques avancées.

Ces recommandations allaient être entérinées par les responsables sahéliens réunis à Praia en juillet 1983 donnant le feu vert pour la troisième phase. Celle-ci sera la plus longue et la plus délicate. Il a fallu, en effet, réorienter progressivement le programme. En fait tous les engagements initiaux vis à vis des institutions nationales ont été respectées. Cependant dans le démarrage d'activités nouvelles, l'accent était mis sur l'analyse et la publication des données et sur la formation. L'accueil de chercheurs, l'intensification de la coopération avec des institutions africaines ou étrangères, la stratégie à mettre en place pour la diversification des ressources financières et la consolidation de l'autonomie de gestion au sein de l'Institut du Sahel sont des points à signaler.

Toute l'année 1986 allait être consacrée à la mise au point du programme quinquennal (1988-1992) et au cadre organisationnel. Un document de travail intitulé "Grandes orientations du Centre d'Etudes sur la Population et le développement - (ex Programme USED) fut élaboré et envoyé à tous les partenaires de l'USED. A partir des observations recueillies, des textes définitifs furent préparés et soumis aux instances statutaires du CILSS.

Le 29 janvier 1987, le Conseil des Ministres du CILSS, réunit en sa 22ème session ordinaire, adoptait la résolution N° 16/22/CM/87 pa laquelle il :

- approuvait le programme quinquennal de l'USED défini lors de la 8ème réunion du 10 au 13 novembre 1986 à Dakar et ;
- chargeait le Secrétaire Exécutif de prendre les dispositions nécessaires pour une transformation de l'USED en Centre d'Etudes et de Recherches sur la Population pour le Développement au sein de l'Institut du Sahel.

La dernière période pour faire du CERPOD une réalité allait durer de janvier 1987 à janvier 1988. Elle devait être marquée d'abord par le rapport positif de l'évaluation finale du programme de l'USED. La mission écrit en effet "l'USED est devenue un centre capable de piloter des recherches démographiques au Sahel et d'être une structure efficace pour la formation et l'assistance technique sur terrain... L'équipe soutient avec vigueur la poursuite du projet qui a pour but de mettre l'accent sur la diffusion des données existantes auprès des décideurs et sur l'intégration des données démographiques dans les plans de développement".

La réunion sur le financement du programme du CERPOD devait se tenir à Bamako du 28 au 30 avril 1988. Seize institutions et organismes de financement et/ou de coopération étaient présents et s'engageaient à donner au CERPOD les ressources nécessaires à l'exécution de ses activités.

Enfin le dernier semestre de 1987 allait être consacré à la rédaction des textes juridiques du centre et à la mise en place d'un système de gestion qui réponde à sa nouvelle vocation.

Ce sont ces efforts qui allaient être recompensés par la 23ème session du Conseil des Ministres en janvier 1988. Ainsi donc le CERPOD est l'heureux aboutissement d'un processus entamé dix ans auparavant. Cependant, ses responsables sont conscients que cette date constitue le point de départ d'une autre "aventure" riche en promesses.

II. LE CERPOD : PROGRAMME ET ORGANISATION

L'élaboration du programme du CERPOD et la définition de ses principes d'organisation ont fait l'objet d'intenses consultations auprès des institutions nationales, des instances supérieures du CILSS et des partenaires de la communauté internationale.

Il a ainsi été assigné au Centre les objectifs suivants :

- contribuer à une meilleure connaissance des milieux humains sahéliens ;
- susciter, animer et développer la réflexion sur les interrelations population/développement dans la région ;
- accroître le potentiel scientifique et technique des institutions nationales sahéliennes de recherche;
- informer et aider les décideurs à mieux appréhender les interrelations population/développement.

II.1. Programme

Le plan quinquennal comporte quatre principales composantes : études et recherche ; formation, information scientifique et technique ; assistance technique et coopération. Ces différentes composantes sont naturellement fortement liées les unes aux autres.

Dans la région sahélienne caractérisée par une insuffisance du potentiel scientifique, il est impératif qu'une institution régionale de recherche puisse contribuer à la formation de jeunes chercheurs et encourager les quelques chercheurs seniors à accroître leur production scientifique. De même, l'acuité et la complexité des problèmes (recherche et l'autosuffisance alimentaire, réhabilitation écologique, etc.) du Sahel commandent à une telle institution une implication plus grande dans les actions concrètes de développement. Elle doit donc aller en aval des travaux de recherches en diffusant ses publications scientifiques et de vulgarisation afin de disséminer au mieux, les résultats de ses recherches auprès des décideurs et des populations concernées.

L'importance de la composante "assistance technique et coopération" procède du même esprit de contribution pratique aux efforts de développement faits dans la région. Il s'agit d'une part d'apporter un appui conséquent aux états sahéliens et, d'autre part, de jeter un pont entre le CEPROD et la communauté scientifique internationale en vue d'accéder, au profit du Sahel, au capital méthodologique, conceptuel et technique disponible au niveau mondial.

La composante "études et recherche" du Programme comporte un projet majeur, celui de l'intégration des variables démographiques dans la planification économique et sociale. L'objectif poursuivi est d'arriver à partir d'une analyse des systèmes de planification actuels et de quelques études de cas, à élaborer une méthodologie la mieux appropriée, permettant aux planificateurs sahéliens de prendre effectivement en compte les rapports dialectiques qui existent entre la population et le développement.

Pour ce faire, il importe d'avoir suffisamment de données démographiques fiables ce qui, en raison de la lourdeur et du coût élevé des grandes opérations de collecte oblige à une analyse approfondie des recensements et enquêtes démographiques déjà réalisées et, ce, d'autant plus que dans la plupart des pays, ce travail n'a pas encore été fait. Il devrait permettre d'avoir plus d'informations notamment sur les migrations qui, jusqu'à présent, ont été ignorées dans les projections démographiques utilisées dans la planification du développement. Celle-ci ne prend en effet en compte, tout au plus de manière encore trop faible que des variables telles que la fécondité, la mortalité et la structure de la population.

Trois projets du programme sont relatifs aux migrations sahéliennes. Le premier fera, à l'échelle de chaque pays comme au niveau régional, la synthèse des données quantitatives disponibles tout en appréciant les concepts et méthodes d'analyse utilisés. Le deuxième tentera de mieux comprendre les migrations du type exode rural dans leur fonctionnement comme stratégies collectives à l'échelle du ménage et de famille des migrants. Quant au troisième, il essayera d'établir des corrélations qui existent entre, d'une part, migration et consommation alimentaire en milieu urbain, l'objectif prioritaire des pays sahéliens, l'autosuffisance alimentaire s'inscrivant en toile de fond.

Le cinquième projet lié aux précédents traitera du thème : "population, croissance urbaine et développement du secteur non structuré". Son objet se situe au carrefour des problèmes d'accroissement de villes, d'accès aux emplois urbains et à ceux de la promotion du secteur dit non structuré.

Le programme comporte deux autres projets visant la réalisation de l'objectif d'une planification conséquente du développement : "santé et survie des enfants" et "Fécondité, espacement des naissances et santé maternelle". Le premier aborde d'une autre manière le problème de la mortalité infantile, très élevée dans le Sahel et qui explique en grande partie la forte mortalité générale constatée dans la région. L'amélioration des connaissances dans ce domaine permettra d'accroître les chances de survie des enfants et de garantir par des actions encore plus efficaces, une meilleure situation sanitaire aux populations sahéliennes. Le deuxième projet tend vers le même objectif mais en traitant des problèmes de la santé maternelle sous l'angle de leurs rapports avec ceux de la fécondité.

Les huitième et neuvième projets "histoire de la population dans le Sahel" et "sécheresse et dynamique de population" privilégient clairement, quant à ceux, l'approche historique des questions démographiques. L'un interrogera simplement le passé démographique des populations sahéliennes, l'autre allant plus loin en mettant l'accent sur les corrélations sécheresse/situation démographique.

Il est prévu enfin un projet collecte des données compte tenu des besoins de certains pays en la matière.

Le projet "filière des intrants et des produits agricoles et animaux" qui est plus économique et sociologique vient en appui aux dix projets ci-évoqués, centrés sur des problèmes de population. Il part d'un constat général que seule l'augmentation de la productivité et des revenus des paysans dont il est question ici peut freiner l'exode rural et, partant, le rythme de l'urbanisation des pays sahéliens.

Le programme du CERPOD a pour deuxième composante la formation. Elle occupe une place importante. En effet, outre la formation sur le tas des chercheurs nationaux impliqués dans l'exécution de ses projets, il est prévu l'organisation de séminaires et de stages pour chercheurs juniors ou seniors au CERPOD et l'octroi de bourses pour les formations universitaires en population/développement.

La composante information scientifique et technique est tout aussi importante. En plus de la publication de rapports de recherche, de working papers et de la série "Etudes et Travaux" destinés surtout à des personnes averties (chercheurs, décideurs, etc.) le centre a élaboré toute une stratégie de dissémination des résultats de recherche auprès d'un public bien plus large. La série trimestrielle "Pop Sahel" donne déjà des informations sur les activités courantes du CERPOD et la situation démographique des pays sahéliens. "Population et Développement" autre périodique qui doit paraître prochainement aura par contre pour objectif de vulgariser en les traitant cependant à fond, mais d'une manière accessible au grand public et de façon succinte, des informations sur les interrelations existant entre les caratéristiques d'une population et le processus de développement. Un réseau de journalistes sera également mis en place afin d'accroître davantage les capacités du CERPOD en matière de dissémination des résultats de recherche à travers les média. Le centre constituera enfin, en collaboration avec le RESADOC (Réseau Sahélien de Documentation) de l'Institut du Sahel un fonds documentaire au profit des différents utilisateurs.

Last but not least la quatrième composante du programme a trait à l'assistance technique et à la coopération. A cet égard, le CERRPOD aidera les états dans l'élaboration de leurs politiques de population, apportera un appui aux services publics ou privés de planification familiale et contribuera, à la demande de ces derniers, à la conception ou à l'évaluation de tout projet relevant de son domaine d'intervention. Seule institution régionale spécialisée en population/développement dans le Sahel, le CERPOD est un instrument créé par les pays membres du CILSS. A ce titre, il est avant tout au service de ces pays qui devraient s'en servir au mieux de leurs besoins de développement.

En définitive, il apparaît clairement que si les études et recherches prévues au programme du Centre doivent permettre de lever un coin du voile sur les problèmes relatifs aux interrelations population/développement, elles ne pourront véritablement servir que si elles contribuent effectivement, par la pertinence et la diffusion de leurs résultats et par l'utilistaion judicieuse qui est fait de ceux-ci, à l'élaboration et à la mise en oeuvre de politiques de population et de politiques de développement adoptées aux réalités de la région.

II.2. Organisation

Le CERPOD bien que placé sous la tutelle de l'Institut du Sahel, est doté de la personnalité morale et d'une autonomie de gestion administrative et financière. Ses organes d'administration sont le Comité Scientifique et de Gestion (CSG) et la Direction.

Le GSG, organe délibérant du Centre a pour fonctions :

- l'approbation des programmes et plans de travail du Centre et leurs modalités de réalisation ;
- l'évaluation périodique des activités du Centre et le contrôle de sa gestion ;
- l'examen et l'adoption des moyens d'intervention du Centre ;
- la sélection des candidatures au poste de Directeur du Centre.

Les membres du GSG sont au nombre de dix dont deux de droit : le Secrétaire Exécutif du CILSS et le Directeur Général de l'Institut du Sahel. Les autres membres sont choisis intuiti personae pour leur compétence dans les domaines d'activités du centre ; cinq proviennent des pays sahéliens et trois de la communauté internationale.

L'organe d'exécution des décisions du CSG est la Direction du Centre. Celle-ci, organisée en cinq divisions techniques et un service administratif et financier, est dirigée par un Directeur nommé par le Conseil des Ministres du CILSS sur proposition du CSG. Les cinq divisions techniques sont les suivantes :

- Etudes et Recherches ;
- Formation ;
- Planification familiale ;
- Informatique ;
- Communication.

En plus de cette structure, des groupes d'études ont été mis en place afin de promouvoir la collégialité de manière à renforcer et cultiver l'esprit de collaboration entre les cadres du centre.

L'organisation du CERPOD tient largement compte des lacunes et limites de l'USED. Elle donne également une place importante à la coopération avec la communauté scientifique internationale.

Il est d'ailleurs envisagé la création d'un groupe consultatif auquel seront soumis les résultats de la période quinquennale. Sans nul doute, la crédibilité du CERPOD, et donc sa perennité, sera fonction des mécanismes d'évaluation de ses activités.

La création du CERPOD est, incontestablement, une illustration de la prise de conscience par les dirigeants sahéliens de l'importance des interrelations population/développement. Elle donne, également, une idée sur les problèmes à résoudre pour faire du Centre une réalité, et les dispositions à prendre pour assurer sa crédibilité et partant les ressources financières indispensables à son fonctionnement. Le programme de l'USED a été financé pour l'essentiel par l'USAID et le FNUAP tandis qu'une dizaine d'agences de financement participent à celui du CERPOD. Le Centre lui-même devrait générer des recettes provenant de ses travaux d'expertise et de publications. Pour continuer son travail dans les meilleures conditions, le CERPOD devra veiller à ce que certaines exigences soient régulièrement assurées à savoir :

- avoir un personnel d'étude et de recherche de haut niveau, recruté sur titres et travaux et non sur la base de critères politiques ;
- disposer d'une large et réelle autonomie de gestion administrative, financière et de son personnel ;
- disposer d'instances compétentes et propres pour approuver ses programmes d'activités, évaluer les résultats et contrôler la gestion.

Il ne fait aucun doute que tant que ces conditions seront remplies, le CERPOD sera à même d'atteindre les objectifs qui lui ont été assignés.

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INSTITUTIONAL STATUS IN POPULATION AND HEALTH: THE CASE OF THE UNIVERSITY OF BENIN

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The understanding and utility of the research and Training activities in population and health as pertain to the University of Benin would be enhanced by presentation of background characteristics of the female population in Bendel State of which Benin, the location of the University is the capital. As sexually active adolescents (married and unmarried) wives and mothers, the female sex in Bendel State and, to a lesser degree, women in the adjoining states that constitute the catchment area for the University are the immediate target of population and health-related activities in the University.

Inadequacies of the 1963 census and the cancellation of the results of the 1973 census has given rise to the present dearth of national demographic data. The only recent and fairly reliable data on women in Bendel State is derived from the 1981/82 Nigerian segment of the World Fertility Survey. With respect to Bendel State, interviews were conducted between April and July 1982. The major characteristics of the 303 eligible women interviewed are presented in Table 1 below.

TABLE 1

Percent Distribution of the Surveyed Women According to Selected Background Characteristics

1. Selected Individual Characteristics	Number	Percent
a. Age		
15-19 years	83	27.5
20-24 years	59	19.6
25-29 years	38	12.5
30-34 years	55	18.2
35-39 years	28	9.1
40-44 years	29	9.7
45-49 years	11	3.5
b. Place of Residence		
Rural	218	71.8
Urban	85	28.2
c. Level of Education		
None	113	37.4
Primary incompleted	69	22.7
Primary completed	49	16.1
Secondary or higher	72	23.8
d. Literacy		
Can read	143	47.2
Cannot read	160	52.8
e. Religion		
Christian	178	58.7
Moslem	21	7.0
Traditional/others	104	34.3
f. Most Recent Occupation		
No work	83	27.4
Professional clerical	17	5.6
Sales	63	20.7
Agriculture	126	41.7
Others	14	4.6

2. Selected Household Characteristics*

a. Type of Toilet		
Flush	20	6.8
Pit	189	62.4
Bucket	20	6.7
Other	72	23.9
Not stated	1	0.3
b. Source of Water Supply**		
Piped	88	40.2
Well	48	21.9
Other	83	37.9
Not stated	--	--
c. Type of Principal Cooking Facility		
Electricity	5	1.5
Gas	7	2.4
Kerosene	70	23.2
Firewood	220	72.5
Other	0	0.1
Not stated	1	0.3
d. Electricity in Household		
Yes	122	40.2
No	180	59.4
Not stated	1	0.4
e. Average Household Size	9.1	

Source : NPB, 1986. pp 5-6

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* i.e., households in which the interviewed women were found and not all households interviewed in the household survey.

** Ever-married women only.

Reflecting the fact of Nigeria's rapidly growing and young population, 28 per cent and 20 per cent of the women were aged 15-19 and 20-24 years at the time of the survey. The proportionately higher numbers of women in the age group 30-34 years is indicative of relatively poor age reporting (NFS, Bendel State, 1986:7). On the average, women interviewed lived in large households consisting of 9.1 members while farming (in rural areas) and trading in the informal sector (in urban areas) are their chief means of livelihood.

Marriage, Fertility and Contraception

Of great importance with regard to population and health related issues is the marriage and fertility patterns of the surveyed women. Marriage is a universal phenomenon since almost all adults had been married.

For most women marriage took place at a very early age. Table 2 which depicts the percentage distribution of ever-married women according to single year of age at first marriage reveal that over 40 per cent were married by the time they attained the age of 16 years. Except for the fact that there is an expected lower proportions of the literate and more educated women who marry before the age of 15, "*there is not much variation in age at first marriage*" (NFS, Bendel State: 10) by selected background characteristics as shown in Table 3.

Data derived from detailed retrospective fertility history of the surveyed women reveal a completed fertility level with a mean of 6.4 for women aged 45-49. Table 4 shows that 58.5 per cent of women aged 45-49 have had six or more children. "*This observation, in association with an average completed fertility of 6.4 children per women, further reinforces the high level of fertility in the state as well as the high incidence of very high parity births*" (NFS, Bendel State, 1986:16).

Survey questions meant to discern future fertility intentions elicited non numeric answers from 37 per cent of currently married women who gave responses such as "up to God", "as many as possible", or "as many as my husband wishes". Such answers signify the fantalistic attitude towards child bearing. The desire to have large numbers of additional and large completed family sizes is pervasive among all social categories. The mean number of additional number of children desired by currently married, fecund women is 5 while mean total desired in their lifetime is 8. Only 5 per cent of currently married women did not desired to have more children. (NFS, Bendel State. 23).

Data on the extent of knowledge, ever-use and current use of contraception among the surveyed women show that most women, 75 per cent, have heard of contraceptive methods. 30 per cent have heard of traditional methods (including rhythm, withdrawal, abstinence, douche, use of herbs, rings, charms, waistbands), while 45 per cent have heard of modern methods (including the pill, IUD, female scientific methods, condom, injection, and male and female sterilization). However, only few women have spontaneous knowledge of methods and most women reported knowledge of specific methods only after these were described to them. Abstinence is the most commonly known method reported by 60 per cent of survey respondents. 37 per cent knew of the pill; 23 per cent knew of the

TABLE 2

Percent Distribution of All Women According to Ever - and Never Married by Current Age

Current Age	Percent Ever Married	Percent Never Married	Total	Number of Cases
Under 20 years	20.8	79.2	100.0	83
20-24	73.1	26.9	100.0	59
25-29	96.6	3.4	100.0	38
30-34	100.0	0.0	100.0	55
35-39	100.0	0.0	100.0	28
40-44	100.0	0.0	100.0	29
45-49	100.0	0.0	100.0	11
ALL	72.6	27.4	100.0	303

Source : NPB, 1986 p.8

TABLE 3

Percent Distribution of Ever-Married Women According to Single Year of Age at First Marriage

Single year of Age at First Marriage	Relative Percent	Cumulative Percent
9	--	--
10	0.6	0.6
11	1.7	2.3
12	3.9	6.2
13	7.5	13.7
14	9.3	23.0
15	9.9	23.9
16	10.5	43.4
17	11.2	54.6
18	13.2	67.8
19	9.2	77.0
20	8.7	85.7
21	3.5	89.2
22	3.5	92.7
23	0.7	93.4
24	2.0	95.4
25	2.1	97.5
26	0.3	97.8
27	0.4	98.2
28	--	--
29	--	--
30+	1.9	100.0
TOTAL	100.0	

Source : NPB, 1986. p.9

Mean age at first marriage = 17.0 years*

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* For women who married before the age of 25 and were aged 25 or more at the time of the survey.

This table erreneously and due to age misreporting give the impression that age at first marriage is decreasing instead of increasing over time.

TABLE 4

Percent Distribution of Ever-marrie Women according to the Number of Children Ever-born by Selected Characteristics

Selected Characteristics	Number of Children Ever-born 0	1	2	3	4	5	6+	Total	Mean	N
ALL	7.2	16.1	12.3	14.9	11.1	11.2	27.2	100.0	3.9	220
(a) Current Age										
Under 20 years	37.6	57.5	--	4.9	--	--	--	100.0	0.7	17
20-24 years	9.2	29.8	18.3	20.1	11.9	8.3	2.3	100.0	2.3	43
25-29 years	2.1	9.3	13.6	26.9	17.0	19.0	12.0	100.0	3.6	37
30-34 years	4.5	7.4	16.7	8.9	9.9	18.2	34.4	100.0	4.4	55
35-39 years	0.5	7.0	8.2	14.6	7.4	6.9	55.4	100.0	5.5	28
40-44 years	6.3	7.2	6.5	15.3	9.4	7.4	47.8	100.0	5.3	29
45-49 years	--	9.3	7.4	--	24.8	--	58.5	100.0	6.4	11
(b) Place of Residence										
Rural	5.8	15.7	12.3	14.0	11.8	11.7	28.8	100.0	4.1	160
Urban	10.0	17.1	12.4	17.8	9.2	10.0	22.9	100.0	3.6	60
(c) Level of Education										
None	6.8	10.3	10.6	14.1	10.7	12.2	35.3	100.0	4.5	111
Incomp. primary	3.9	17.2	13.6	11.8	15.7	10.8	26.9	100.0	3.9	56
Comp. primary & above	11.3	27.1	14.4	20.0	6.9	9.6	10.6	100.0	2.7	53
(d) Literacy										
Can read	9.2	24.3	11.5	16.9	13.8	9.1	25.9	100.0	3.9	117
Cannot read	6.3	12.	12.7	14.0	11.6	34.6	27.7	100.0	4.9	16
(e) Religion										
Christian	7.0	15.8	11.8	16.6	13.8	9.1	25.9	100.0	3.9	117
Moslem	2.3	15.1	8.8	2.3	9.1	34.6	27.7	100.0	4.9	16
Traditional/ other	8.3	16.7	13.6	15.0	7.7	9.7	29.0	100.0	3.8	87

Source : NPB 1986, p.15

injection; 21 per cent, rhythm; 13 per cent, female sterilization and 12 per cent reported knowledge of the condom.

Usage of contraception is very low among the women. As shown in table 5, temporary abstinence is the most popular method ever used by 26.2 per cent of the surveyed women. Usage of all other methods were low, 6.7 per cent for the pill; 3.8 per cent for rhythm; 2.1 for withdrawal and 1 per cent each for condom and injection.

Although both knowledge and ever-use of modern methods are higher for the younger women, those who live in urban areas, the literate and more educated the overall picture is that while "*contraceptive awareness was relatively high, ever - and current-use of modern, effective methods was almost absent. Past and present use were mostly in the form of temporary abstinence*". (NFS, Bendel State: 27).

1. RESEARCH AND TRAINING ACTIVITIES

At the University of Benin, Research and training activities pertaining to population and reproductive health are located in the Faculty of Social Sciences (in the department of Economics and Statistics, Geography and Regional Planning, Sociology and Anthropology); in the Institute of Public Administration and Extension Services; and in the College of Medicine. However, the bulk of the training and research activities in (reproductive health) are located in the Institute of Public Administration and the College of Medicine.

Programmes and on-going research projects in the departments of Sociology, Geography and Economics, the Institute and the College of Medicine are described in the following sections.

1.1. Faculty of Social Sciences

In the department of Sociology and Anthropology, two courses on population designated as SAA 312: Population Studies, and SAA 425: Demographic Analysis are taught in this department.

SAA 312: "Population Studies" is a general review of World Population with particular emphasis on the population of the African continent. This course which is taught only to students who are in the third year of a four-year undergraduate degree programme is described in detail in the Prospectus of undergraduate degree programmes of the Faculty of Social Sciences as below:

TABLE 5

Percentage of All Women* Who Have Ever Heard of Or Ever-used Specified Contraceptive Methods

Method	Probed	Heard of Spontaneously	Both	Ever Used
No method	--	--	25.0	50.9
Traditional method**	--	--	30.2	30.8
Modern method	--	--	44.8	9.3
Specific Methods				
Pill	18.2	18.3	36.5	6.7
Intrauterine device	7.2	1.0	8.2	0.1
Other female scientific***	3.9	0.0	3.9	0.3
Douche	2.6	0.2	2.8	0.1
Condom	10.0	1.9	11.9	1.3
Rythm	17.4	3.3	20.7	3.8
Withdrawal	8.1	0.6	8.7	2.1
Abstinence	48.7	11.6	60.3	26.2
Female sterilization	13.9	0.0	13.9	0.0
Male sterilization	4.0	0.0	4.0	0.0
Injection	16.6	6.0	22.6	1.0
Herbs	2.7	0.5	3.2	0.5
Bands	3.0	0.0	3.0	0.0
Rings and charms	3.5	0.0	3.5	0.0
Others	--	--	--	--

Source : NPB 1986, p.26

* Excluding those women who had not either reached the age of menarche or started sexual relations (n = 121)

** Traditional methods only

*** Includes diaphragm, tampon, sponge, jelly or cream

The focus will be on the review of the sources of demographic data and ways of detecting them. World population trends. Introduction to population theory: demographic transition theory, Malthus, Marx and others. The "vital revolution" in the West: determinants and consequences. Fertility, Mortality, Migration, Urbanization and Labour Force. Population and Politics. Population Processes in Africa (Prospectus, 1987: 127).

A second course which builds on knowledge gained in SAA 312 and which is offered to final year students is labelled SAA 425: "Demographic Analysis". According to the Prospectus the purpose of the course is to review the adequacy or otherwise of the sources of demographic data in Nigeria. Students are introduced to calculations and interpretation of basic rates, the Life Table and Stable and Quasi-Stable populations. In addition, the course seeks to analyse the interaction of demographic and socio-economic variables.

Research activities in this department which reflect the interest of the resident lecturers/researchers in the field of population have focused mainly on mortality: its causes, distribution, differentials between socio-economic groups, and ageing and its attendant problems.

In the department of Geography and Regional Planning, the spatial distribution of population is given more prominence in the population-related courses offered in the department of geography. Thus Geography 225: "Introduction of Population and Settlements", which is taught to second-year degree students is designed to introduce students to aspects of population and settlement geography. The course examines sources of population data, components of population growth as well as the distribution and structure of population. The course, in addition, examines the nature of settlements, their locations, hierarchy and patterns.

In the more advance Geography 414, a course on population analysis, the main focus is on types and sources of population data, population growth and components, world population patterns and distribution.

A population-related course, Geography 402: "Urbanization Process" covers, among other topics, the urban explosion in Third World countries, rural-urban linkages and the quality of life of urban residents.

On-going research mainly reflect the interests and expertise of resident lecturers. On-going research include rural-rural and rural-urban migration studies; the creation of slums in Metropolitan Lagos, the nation's capital and the provision of services to the Urban Poor in major centres; rural and urban fertility differentials and adaptation of migrants to urban life.

In the department of Economics and Statistics, a population course which is available to final year students of the department of Economics and Statistics is Economics 419: "Economic Demography". As described in the "Prospectus of the Faculty of Social Sciences", this is a course on the uses of demographic statistics and it includes such topics as age and sex distribution and measurement of fertility rates. The course also covers manpower measurement and forecasting, determination of male and female participation in economic activity, and the relationship between economic growth and the demographic situation in developing countries.

Lecturers in this department who are versed in both economics and demography have constructed econometric models aimed at determining the causes of rural-to-urban migration while other lecturers have also conducted manpower surveys with special focus on female labour participation.

1.2. Institute of Public Administration and Extension Services

The Institute of Public Administration and Extension Services is a relatively new addition to the University having been established during the 1978/79 academic year. It was created "*to serve as a management and administrative centre of excellence from which administrative and managerial expertise in the health and ... administrative areas could be made available to the Nigerian public and interested organisations in particular and the African region in general*". The first set of courses taught in the Institute prepared candidates for the Diploma in Nursing Administration and Management. In the following year, during the 1979/80 academic year, courses leading to the Diploma in Health Administration and

Management and the Diploma in Health Statistics, both in the area of health management, were added. These three sets of courses, namely: Nursing Administration and Management, Health Administration and Management, and Health Statistics consist the population and health courses of the Institute.

Institute courses differ from courses taught in the Faculty of Social Sciences in one important respect; students in the Institute are Nursing/Midwifery professionals who have practiced as Staff Nurses, Matrons and/or hospital administrators for many years. They are, therefore, older and more experienced than regular undergraduates. For example, most of the 71 candidates admitted into courses leading to the Diploma in Nursing Administration during 1987/88 academic year were nurse/midwives who have attained the level of Nursing Sister and above in their previous hospital employment. Most of these professional nurse/midwives were recommended and sponsored for the courses in the Institute by Management Boards of University Teaching Hospitals, State Governments and State Ministries of Health, various state or municipal Health Management Boards, and some parastatals such as the Ajaokuta Steel Company (Kwara State) and the Petroleum Training Institute, Effurun (Bendel State). Following usual practice in the University of Benin, candidates for health courses are drawn not only from Bendel State, but also from all states of the Federal Republic of Nigeria.

Research output by students (dissertation) cover various topics on health management. Completion of one original research project forms a compulsory requirement for success in the various diploma courses. In addition, lecturers of the Institute serve as consultants to the World Health Organisation (WHO) which underwrites a substantial proportion of the cost of the Institute's health-related courses.

The course work for the Diploma in Nursing Administration (DNAM) and Diploma in Health Administration (DHAM) include fourteen different courses covering such topics as "Management of Organisation", "Personnel Management", "Organisation and Management of health Services", "Nursing Science", "Health Ethics", "Research Methods", "Administrative and Business Law", "Management Accounts and Finance" and "Philosophy and Sociology of Health".

On successful completion of the course work, each student participates in "field work" which requires four to five weeks of visitation to and observation of operational organisations of different types of hospital and community nursing services. It is after the field experience that each participant writes a dissertation based on original investigation of a topic on the subject of Nursing Administration.

The programme leading to the Diploma in Health Statistics (DHS) has the following objectives : (i) to help participants acquire indepth knowledge and skills in statistical methods;

(ii) to increase participants' awareness of the health problems in Nigeria, and (iii) to increase the ability of participants in the application of statistical methods to the identification and solution of health problems in Nigeria. The curriculum for this programme covers thirteen courses some of which ("Philosophy and Sociology of Health", "Research Methods") it shares with the DNAM and DHAM courses. It also covers, among others, "Applied Health Statistics", "Demographic techniques", and "Epidemiology". Each participant after fulfilling course requirements is also expected to submit a dissertation.

1.3. College of Medicine

The Fertility Counselling, Training and Research Centre which is based in the Department of Obstetrics and Gynaecology, University of Benin/University of Benin Teaching Hospital, is engaged in training and research activities in the field of reproductive health and contraceptive techniques.

Training activities in the Centre has focused on refresher courses in "Reproductive Health" for medical practitioners drawn from various states of Nigeria. More than 150 medical doctors have benefited from these courses. The Centre also organises special, periodic courses and workshop on Voluntary Surgical Contraception.

Another training programme of the Fertility Councelling Training and Research Centre consists of six-week training sessions for nurses and midwives who are trained to become competent as family planning service providers when they return to their jobs in various health establishments.

Those admitted to the six-week sessions are expected to satisfy the following criteria:-

i. be a registered staff nurse, preferably be a registered midwife as well;

ii. be a practicing staff nurse/midwife with at least three years' post-qualification experience;

iii. be interested in family planning and show enough commitment in the delivery of health care in this specialized area;

iv. preferably be employed and recommended/nominated by candidates" supervisory body to undertake the training programme;

v. have designated practice area where family planning experience and skills acquired during the training can be put into use; and

vi. agree to take a post-course evaluation and other assessment tests at regular intervals as determined by the Project Director and Project Coordinator who also oversees the Fertility Counselling, Training and Research Centre.

Each year, three six-week training sessions prepare 30 staff nurse/midwives (10 per session) for competence in provision of family planning services. Through lectures, tutorials, clinical sessions and demonstrations, trainees learn, counselling techniques and patient history documentation relevant to family planning; history documentation as applicable to general medicine; the technique of simple, general medical examination; performance of breast and pelvic examinations; the theory and practice of all methods of family planning and in the practice of "no-touch" IUCD insertions. At the end of the six-week training period, each trainee, bedides demonstrating competence in all the above, should have inserted between five and ten IUCD's under supervision, be able to prescribe/administer all methods of family planning, be able to identify and treat minor gynaecological disorders related to family planning and be knowledgeable about the administration, recordkeeping techniques, and general care of a family planning clinic. Trainees should also be able to design, organize, set up and run a family planning clinic at her health facility. Trainees are taught to identify complications and difficult cases which should be referred to qualified doctors.

On completion of the six-week programme, trainees receive a limited number of contraceptives to enable them begin family planning services at their home stations. The Project Director and his team usually pay follow-up visits to newly organised family planning clinics to assess trainee performance in providing family planning services in the field. 140 nurse/midwives have so far been trained as family planning service providers.

In conjunction with the formal six-week education of staff nurse/midwife trainees and provision of clinical facilities, the Centre also trains field motivators to conduct home visits, canvass market stalls, market places and other public gathering sites and institutions in an effort to educate the public about family planning. An extensive informal educational programme comprising of a radio series, television appearances and newspaper educational presentations on family planning is directed towards problems associated with high-risk maternal groups notably young couple (adolescent) fertility and the strain exerted on the health of the mother and child.

Research conducted by specialist doctors in Obstetrics and Gynaecology have focused on various contraceptive methods accepted by clients attending family planning clinics located at the University of Benin Teaching Hospital and six other matellite clinics in the Benin-City area. The characteristics of the clients, their clinical responses to the various methods and complications encountered are all topics for research and study. The role of Field Motivators in expanding family planning services and the prevalence, causes and costs of illegal abortions have also been studied.

2. RESEARCH AND TRAINING PRIORITIES

In general, research efforts reflect the interest and expertise of lecturers in the Faculty of Social Sciences, in the Institute of Public Administration and Extension Services in the Institute of Public Administration have as a Central focus, Primary Health Care (PHC). In recent years, the Nigerian government through its Ministry of Health has placed emphasis on PHC. Consequently, primary attention is given to the creation of new courses and modules of instruction for the training of health manpower to man Primary Health Care clinics which are to cover the entire country. The Institute is handicapped in conducting more research the implementation of PHC programme mainly because of lack of funds.

Research priorities in the College of Medicine are concerned with clinic-based family planning programmes. Researchers wish to assess community response to family planning services, to establish the fact that the need exists for family planning services and that such services will be utilised if provided. Priorities in training of the Fertility Counselling, Training and Research Centre in the Department of Obstetrics and Gynaecology are in the areas of refresher courses in Reproductive Health for medical practitioners and training of nurse/midwives in provision of family planning services are dictated by the absence of such courses and the general shortage of trained manpower to provide family planning services throughout the country.

3. MAJOR CONSTRAINTS

Existing training and research facilities in reproductive health based in the Institute of Public Administration and the College of Medicine are confronted with several problems, chief of which is lack of adequate financing to continue on-going programmes.

The main source of funds for the family planning programmes and short training courses in the College of Medicine is the Pathfinder Fund and it is not at all certain that funds will continue to be available. Similarly, the training of personnel for the Primary Health Care suffer from lack of funds. University administration do not appear willing to spread ever-dwindling subventions from the Federal Government on areas that are considered outside the mainstream of University teaching and research.

The Federal and State Ministries of Health which may be expected to fund these health-related programme have failed to view these university-based training and research projects as vital to the success of their programmes. Consequently, both the Institute of Public Administration and the College of Medicine cannot expand existing programmes and are forced to train small number of candidates, much fewer than number of applicants indicating interest in the courses.

Laboratory-based research projects that should have accompanied the family planning programmes in the College of Medicine cannot be conducted for lack of adequate laboratory equipment and services.

4. MANPOWER NEEDS

Existing programmes in the Institute of Public Administration and the College of Medicine need more trained manpower. For example, specialists such as cytologists and pathologists are needed in the College of Medicine.

At the Institute, staff wishing to specialise in health administration and other specialist courses can no longer benefit from advanced training as there are no available funds.

5. GRADUATE EMPLOYMENT

As previously explained, candidates admitted to courses offered in the Institute of Public Administration and the College of Medicine are practising professionals. At the end of their training, these medical doctors, practising hospital managers and nurse/midwives usually return to their newly-acquired knowledge. These graduates are employed in medical centres owned by Federal and State Governments, Universities, Polytechnics, Teaching Hospitals, Industries and Federal Government Parastatals such as the Delta Steel Company, Aladja and Ajaokuta Steel Company as well as private establishments such as commercial banks.

6. FUTURE PROSPECTS

The Nigerian government has recently designated certain universities as centres of excellence in special fields. Such universities notably the University College Teaching Hospital of the University of Ibadan have recently received from the Federal Government varifing sums of money to support particular programmes in these centres. It will appear, however that these funds are grossly inadequate for the needs of these hospitals. The emphasis on AIDS screening, a facility which is available in all Teaching Hospitals is more a reflection of the availability of WHO funds for this particular ailment rather than priorities of the Nigerian government.

The National population policy which came into being in February 1988 augurs well for future intensive university-based research on family planning. Similarly, the national emphasis on Primary Health Care as a means of prevention and early diagnosis of common ailments as distinct from hospital-based curative care, calls for applied research on the components, strategies, community mobilization/participation and evaluation of PHC programmes. Future research and training activities in these vital areas - Family Planning and Primary Health Care - is dependent on the availability of funds to provide necessary facilities and to train and recruit more specialists in the appropriate disciplines.

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INSTITUTIONAL STATUS IN POPULATION AND HEALTH: THE CASE OF THE POPULATION STUDIES AND RESEARCH INSTITUTE, UNIVERSITY OF NAIROBI

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I. INTRODUCTION

The concern of this presentation is threefold. Firstly, it gives a brief overview of the state of population studies and research in sub-Saharan Africa. Secondly, it examines the role which the Population Studies and Research Institute (PSRI) at the University of Nairobi has played and the difficulties it has faced in population and health training and research since its establishment in 1976. And thirdly, it assesses the implications of that role for national development in Kenya.

II. THE STATE OF POPULATION STUDIES AND RESEARCH

The systematic training and research in population issues in institutions of higher learning or research in sub-Saharan Africa is relatively new. Indeed, most of the institutions offering Population Studies as a discipline distinct from geography, economics, sociology or statistics, have sprung up only in the last two decades. A recent review of institutional capacities for training and research in Sub-Saharan Africa lists some six regional, and eighteen in-country institutions in this category engaged in the study of and research in demography. (See Anrudh K. Jain, the Population Council, Report 5. Review of Institutional Capacities, Human Resources and Development Assistance in Sub-Saharan Africa). Because of this, the assemblage and development of demographic data as a distinct and coherent body of knowledge is only just beginning.

For a continent which is undergoing some of the most serious manifestations of under development, that situation is both a constraint to be eliminated and an opportunity to be exploited. It is a constraint mainly because it implies serious gaps in the demographic picture of the sub-continent in general and of some communities in particular. Those gaps relate especially to the availability, quality and reliability of data, the state of scientific expertise and preparedness, and the condition of institutional infrastructures necessary for the proper study of demographic phenomena. But it is also an opportunity to the extent that institutions engaged in the study of and research in demography can make new and important contributions to the current debate on the so-called African Population Crisis. This is especially likely if those institutions are able to produce a cadre of population specialists who are sensitive to the specific development problems facing the sub-continent.

III. THE ROLE OF THE PSRI IN RESEARC AND TRAINING

3.1 The PSRI's Mandate

The PSRI was established in 1976 as a centre for research and Post-Graduate training in population sciences in general and demography in particular. In addition, it was also expected to provide the scientific back-up for the formulation of population policy, population planning, programming and administrtion, and the delivery of population related services.

3.2 The Research Component

The research component of the PSRI's mandate was preceded by a vigorous programme of doctoral level training designed to equip Kenyan personnel with the scientific and operational experience necessary for University level research, teaching and management. Through funding from United States Agency for International Development (USAID) channelled through the Government of Kenya (GOK), and with the assistance of the Population Council in New York, about six researchers were trained at that level in the United States, and two others at the PSRI itself. All of these researchers have been absorbed in establishment positions either at PSRI or elsewhere in the University. The PSRI was also able, through funding from the Ford Foundation, to provide Post-Doctoral training in the United States to at least two researchers from other disciplines.

As a result of these, and other training and recrutment efforts, the PSRI now has a core staff of eight Ph.D. and three Masters' level researchers, and can call on the collaboration of at least another six demographers housed in other Departments of the University. In terms of manpower, therefore, the PSRI is probably the lagest centre for population research in Africa.

Despite this enormous potential and the very excellent research which individual members of staff have completed over the last decade, however, the PSRI has yet to develop an institutional focus in research, and effective linkages with other institutions concerned with population issues within and outside Kenya. The reasons for this are many and varied.

The first has to do with the fact that PSRI continues to carry an orientation, acquired at its inception, which directs training and research mainly at issues of interest to technical demographers: namely the development and application of quantitative tools to the extraction and analysis of data on demographic events and the presentation of the results of that exercise in the form of specific profiles on Kenya's demographic condition. Whereas the PSRI has, as a result of this quantitative bias, developed a formidable capacity for demographic analysis, estimation, projections and aggregation, performance in other areas has been rather unsatisfactory. For one, researchers have tended to "mine" existing data sets available mainly from the Central Bureau of Statistics; a factor which has created an almost crippling dependency on other institutions for raw data and a research bias against areas for which large data sets are not yet available. Indeed, very little basic or operational research has been done over the years at PSRI. For another, not enough effort has been directed towards an interpretation of the policy relevance and meanings of demographic statistics, nor at research into the causes and explanations of Kenya's rather complex demographic condition.

The second has to do with the demands for consulting which agencies and institutions funding population research and non-governmental organisations (NGOs) supporting population programmes continue to make on the special expertise of PSRI staff. This factor has created three particular difficulties for the PSRI as an institution. Firstly, consultancies have tended to strain the loyalties of staff to the University and to tax their ability to perform well both at the PSRI as an institution. Firstly, consultancies have tended to strain the loyalties of staff to the University and to tax their ability to perform well both at the PSRI and outside. Consequently, the performance of University duties has sometimes suffered without an appreciable compensation in terms of timely submission of good quality consultancy reports. Secondly, the fact that these agencies and institutions have their own priorities and interests to pursue has hindered the orderly development of areas of specialization among individual members of staff, hence at the PSRI as a whole. And thirdly, individual members of staff have, through these consultancies and similar activities, developed linkages and networks with agencies and institutions from which the PSRI as an institution gets no credit, indeed remains effectively excluded. This has been a major constraint in the rational management and control of the internal operations of the institute.

3.3 The Training Component

The training component of the PSRI's mandate was designed to accommodate at least three programmes, namely: the Ph.D, Masters and Diploma.

The structure, duration and conduct of these programmes is governed in each case by the relevant Common Regulations of the University under the overall supervision of the Board of Post-Graduate Studies. Consequently, the Ph.D is expected to last for a period of three years for full time and five years of part-time students. The Masters' programmes last for a period of two ears; the first being devoted to coursework and examinations and the second to research and thesis writing. Finally, the Diploma programme is designed to last for one year during which time students go through coursework and examinations, and submit project papers based on research. As indicated above, two members of staff have completed their doctoral training at the PSRI and three others are currently registered. The latter group, two of whom were among the first group of Masters' students at the institute, are mainly in the field of technical demography. In addition, two students who are not on the staff of the PSRI, have been registered for the Ph.D. In total therefore, the PSRI has five Ph.D. candidates on this programme.

The Masters' programmes (the MSc and MA) have gone through two major phases. The first was between 1976 and 1983 when the PSRI offered a wide variety of courses in technical and social demography even though the overall tilt was towards technique rather than process. The second was after 1984 when many of the courses relating to process were removed from both syllabi thus making the programmes heavily technical. Indeed, the core of demographic behaviour, namely: fertility, morbidity, mortality and migration, was relegated to the category of optional courses. The reason given for this change was that the PSRI itself lacked the breadth of expertise which the original syllabi demanded. It was also argued that the PSRI still needed to develop the technical capability of solving an important baseline problem in Africa, namely poor or incomplete data sets, hence an absence of reliable parameters or projections on which to find meaningful interpretations of demographic processes. It is curious that this change also coincided with the main phase of the process of Kenyanisation of staff at the Institute.

To date, the PSRI has graduated fifty-five (55) Masters students, most of whom have been absorbed in government service especially the National Council for Population and Development (NCPD) and the Ministry of Planning and National Development (MPND). Although no systematic evaluation has been made of their effectiveness, it is clear that the students are utilising their training well, particularly in developing the research capabilities of their work places.

The Diploma programme was mounted for the first time in 1986 when the University Senate approved its syllabus and regulations. The objective of this programme was to enable mid-career senior officers from GOK and NGOs to acquire expertise in population and family planning policies, programming and administration in the hope that they will be able to utilise and disseminate the information gained, in their working environments. For that reason, the content of the programme was geared specifically to policy rather than to techniques. Funding for the first twenty students was provided by the Ford Foundation. The initial intake of eight students has now graduated and returned to their places of work. The programme has proved to be extremely popular, drawing a large number (in excess of one hundred) of applicants each year from the private and public sectors.

Other programmes which were envisaged at the inception of the PSRI but which have not been fully or systematically mounted, include the infusion of population/family planning content into under-graduate courses in various Departments of the University, certificate courses lasting up to four months each, on-site training programmes for NGO personel involved in the implementation of population programmes, and grassroot level training for GOK personnel involved in development administration. The major obstacles faced in respect of these programmes have been lack of sufficient staff at the PSRI, and of the resources with which to mount them.

3.4 New Directions in Research and Training

a) Research:

Over the past eighteen months, the PSRI has been engaged in intensive consultations with other Departments of the University of Nairobi, Kenya Government Ministries and NGOs in respect of what the major priorities in population policy-making, planning programming, research and training in Kenya ought to be in the next five years. These discussions led to a major review seminar held in Mombasa between July 1-7, 1987, at which all institutions with which the PSRI has held consltations were present. As a result, a major Five Year Development Plan was drawn up by the PSRI and submitted for note and approval at the 38th meeting of the Development, Planning and Establishments Committee of Senate, held on May 26, 1988. By Minute 953 of that meeting, PSRI was authorised to develop the funding necessary for the execution of that Plan.

On the research front, the PSRI proposes to focus on specific areas which will form the core of its research agenda into the next decade. In defining these areas, care has been taken to strike a fine balance between policy or programme oriented research whose findings will feed directly into various levels of the policy process, and basic research which will seek to chart new directions in demographic thinking as well as providing new policy alternatives.

The following are the institutional research themes under each head, which the institute will focus on in the next five years.

1. Policy and Programme Oriented Research

i) Demographic Estimations and Projections

There is a continuing need for planners at all levels and in all areas of the economy, for population statistics which can be actively incorporated into their day-to-day decision-making processes. The Institute must continue to supply such statistics, or to make them available in a form that is easily understood by non-population specialists. The two types of statistics involved here will be estimations and projections. In the one case, planners will need to have basic estimations of levels of mortality, morbidity, fertility and migration. They will also want to know when and in what direction and areas (i.e. period variations) these parameters change. In the other case, accurate assessments of demand and supply of resources in various sectors of the economy will require information on population projections both short and long term, particularly where these are disaggregated by groups, e.g. the economically active population, the size of the labour force, the school age population, the aged, the reproductive age groups, etc. This would enable planners, for example, to estimate potential demand for food, health, services, educational facilities and housing, etc.

ii) Operations Research

Because of the continuing need among planners and administrators generally to know the levels of success of programmes they have implemented, the PSRI will engage in research which seeks to evaluate such programmes. This type of research will involve not only the evaluation of the success or otherwise of programmes directly related to population, such as family planning, but also of other development programmes and projects that may have an impact on demographic processes such as agrarian reform and rural development policy, public health, rural electrification, irrigation, etc. Since such programmes are continuously being replicated in different parts of the country, it will be important to discover what lessons can be learned from each one as well as to develop some baseline data.

iii) Programme Development Research

The PSRI has participated in the past and intends to continue doing so in the development of population reference points for various Ministries. Consequently, a programme of research intended to integrate a population component in government programmes in agriculture, health, education and housing will be launched. The objective here will be to provide scientific backstopping to on-going development programmes throughout the country.

2. Basic Research

Two types of basic research are envisioned. The first will deal broadly with the determinants of demographic processes, while the second will concentrate on issues of special or topical concern. This latter category will enable the Institute to respond to short term questions and problems for which immediate responses are crucial.

i) Determinants of Demographic Process:

Several themes have been identified by the Institute as deserving special attention. In respect of each one of them, research will be attempting to go beyond a simple statement of parameters to include an explanation of why those parameters bear the configuration that they do. This will enable researchers to indicate what policy interventions would be most appropriate in particular contexts. The institute will focus particular attention on the following themes:

Socio-Cultural Determinants:

Little is known about how cultural norms and values influence inter-alia,

- the reproductive process (e.g. age at first marriage, pre-marital child-bearing, adolescent fertility, adoption of contraceptive methods and sex behaviour generally);
- the levels of morbidity and mortality (e.g. attitudes towards certain diseases, weaning practices and selection of curative services);
- the migration process (e.g. who migrates, to where and for what reasons, and how migratory behaviour changes); and
- the status of women within the household. Unless the cultural moorings of social behaviour are understood, little headway will continue to be made in efforts to streamline population dynamics ith ntional policy objectives.

Fertility and Family Planning:

As long as the central tenet of Kenya's population policy remains the reduction of high fertility rates through family planning, research into these areas will remain a major priority. Issues addressing reproductive decision-making, the value of children, relations between child mortality and fertility, contraceptive prevalence and differentials, delivery of family planning services and programme administration, among others, will require indepth investigation.

ii) Research Issues of Special Concern

While the determinants of demographic processes offer an inexhaustible supply of research problems which contribute to the stock of knowledge about population phenomena, there is need to venture out in response to emerging issues which impinge on population change and trends in the country. It is important therefore that the institute undertakes research which links demographic phenomena with issues of critical social import. The institute considers the following issues in that category:

The demography of hunger

This would attempt to establish and map out the degree of vulnerability to hunger and to unravel the short and long term effects of various levels of malnutrition on different sectors of the population.

The demography of aging

Even though Kenya has a relatively young population (approximately 2% only are currently over 65 years of age), reductions in mortality have contributed to an increase in the absolute number of old people. This number will rapidly expand should fertility rates begin to drop in the next decade. At the same time, lack of a national policy on the aged and the breakdown of socio-cultural support systems for them means that in the not too distant future, they will become a major social and health concern. This is all the more likely given Kenya's very early retirement age policies. An assessment of that future scenario is required.

Gender issues in demography

To date, there is almost no research in existence linking gender relationships, especially at the household level with population dynamics. It is important to know for example, how the changing roles of women affect nuptiality, childbearing, labour force participation and migration. In addition, men's attitudes towards contraception, family size and household division of labour will need to be systematically documented.

Land tenure issues in demography

For Kenya, both the productive and reproductive decisions will continue to be made largely by rural households. At the heart of the equation which links productive choices and reproductive processes, is the issue of land availability and the system of tenure. Research that seeks to explain the manner in which changes in tenure (i.e. access to and control) of land, incuding the cultural, legal and social aspects, impact on decisions to migrate, get married, bear children, adopt new technologies of production, and reorganize existing settlement patterns, etc., will be needed.

Health issues in demography

One of the most critical issues today is how people's behaviour affects their health status. In this respect, comprehensive studies focusing on health-threateing issues as cigarette smoking, alcoholic consumption, sexually transmitted diseases (including AIDS) will need special attention. Research of this type is particularly important as it would fit directly into programme development activities.

Issues in transnational migration

Internal migration as a component of population dynamics will be taken care of in programme developed in response to the priority areas set out in part 1 of this section. Transnational migration (whether voluntary or forced) as a variable affecting the political economy of resource allocation in sending and receiving countries (such as Uganda and Kenya), and as a component of intra-African population movements, however, will require separate treatment. Research into the nature and causes of transnational migration, the magnitude and implications of refugeeism as a social and political economic condition, and the efficacy of national and international policies and instruments on the movements conduct, treatment, civil status and welfare of refugees will therefore be mounted.

The **PSRI** is satisfied that these themes are both crucial to an adequate understading of the population problematique in Kenya (and indeed Africa), as well as fully reflective of the country's national population policies as contained in Sessional Paper No.4 of 1984, entitled Population Policy Guidelines. Detailed research proposals (including operational designs) will, for funding purposes, be developed separately on each of these themes.

b) Training

As indicated above, training at the PSRI in the last decade has mainly centred around the production of graduate level manpower through programmes which were heavily technical in orientation. Following the Mombasa Seminar and indeed in concurrance with numerous recommendations by External Examiners over the last five years, the PSRI is satisfied that a major revision is necessary in the content of these programmes. Further, there is need to expand those programmes so as to be able to accomodate an ever increasing need for population expertise in the country. Hence the present annual enrolment of approximately thirty in all three programmes is expected to double in the next five years. In addition, a number of non-graduate programmes will be mounted in the next five years as indicated below so as to bring demographic information directly to development programme activities. Specifically, the PSRI proposes to proceed in the following manner.

Restructuring the Masters Programmes

The PSRI will restructure the MA/MSc syllabi in such a manner that the very strong tradition of technical demography which has been built up in the last decade can be fully sensitized to population policy processes, programme formulation and development administration in general. This restructuring will not cover the Diploma programme because apart from the fact that the PSRI considers it basically sound, it has not been going long enough to merit re-thinking at this stage.

The restructuring of the MA/MSc syllabi will involve four major changes. First, the PSRI will make the core of population dynamics: fertility, morbidity, mortality and migration, compulsory in both programmes. This, as indicated above, is not the case in respect of the current syllabi. Second, the range of options in both cases will be expanded to take account both of new frontiers of scientific advancement in demography and the special needs of Kenya in the field of population and development. In doing this, the PSRI is aware of the need to focus on options which can be taught properly and economically; account being taken of programmes and expertise available in other departments in the University. Third, admission into the MA/MSc programmes will now be open to students from all disciplines since developments in the population sciences indicates clearly that there is much to be gained by injecting population phenomena into other disciplines. The distinction between those two programmes, however, will continue to be governed by the student's under-graduate background and his/her course combinations.

IV. IMPLICATIONS FOR DEVELOPMENT PLANNING

I am convinced that the new directions PSRI intends to take as outlined above, will make the PSRI a more active instrument in Kenya's development process. For they will, inter alia, enable the institution to feed research information directly to policy process in addition to providing sufficient manpower for district level management of population issues and policies.

More specifically, those new directions are intended to strengthen the PSRI's role in development in several ways. First, they will produce manpower that is capable of configuring the social bases of the data they gather; is aware of their social/cultural/economic and political meanings and is in a position to predict the possible consequences of basing policies, plans, programmes and implementation strategies on them. Second, by focusing research on issues that are of immediate concern to policy-makers, the PSRI will be in a position to bridge a major gap in development planning and programming. Involvement in operations research in respect of programmes directly impinging on demographic phenomena as well as those that may have an indirect impact on them would be an important contribution in this regard. There are many programmes going on in Africa: agrarian reform, public health, irrigation, electrification, etc., whose possible impact on demographic processes are seldom anticipated or ex post facto evaluated.

The need for more structured strategies for the dissemination of research data cannot be overemphasised. For this is the most direct and visible way in which the contribution of the study of and research in demographic phenomena to development planning can be measured. Indeed, it is the dissemination channels one chooses to use which will determine the quantum of the message to be delivered and the manner of its incorporation into decision-making processes. Many population studies programmes now provide for the substantial "step-down" of demographic data, precisely for this reason. Thus, pamphlets, data sheets, abstracts and graphic presentations directed at different levels of the policy process, have become routine. In addition, training seminars for planners, administrators and other auxilliaries is becoming a feature for many programmes of study in Africa. These will need to be increased and strengthened.

In conclusion, if population studies as a research and training discipline has not yet reached maturity in Africa, its potential for shaping development policy, planning, programming and administration is almost unlimited. This is the more reason therefore that every attempt should be made to provide the resources: manpower, equipment, infrastructure and institutional commitment, which would enable it to develop into a fully-fledged enterprise.

L'EXPERIENCE DE L'UNIVERSITE DE LOME (TOGO)
DIX ANS DE RECHERCHE
SUR LA POPULATION ET LE DEVELOPPEMENT

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Créée au sein de l'Uuiversité du Bénin en 1976, l'Unité de Recherche Démographique a progressivement développe, parallèlement à l'enseignement des questions de population, un substantiel programme de recherches. Il est intéressant de faire le bilan d'une expérience de dix années d'activité, car ce qui a été réalisé, avec des moyens au départ très limités, devrait encourager d'autres universités à lancer des expériences similaires.

I. LA GENESE D'UNE STRUCTURE UNIVERSITAIRE DE RECHERCHE DEMOGRAPHIQUE

L'Unité de Recherche Démographique est née de la pratique de l'enseignement et de l'enquête de terrain. C'est l'existence de cours de démographie au sein de l'école d'Economie, donc, d'étudiants motivés à approfondir cette discipline, et l'octroi par une université américaine (North Carolina) d'un crédit de recherche, qui ont suscité la création d'une cellule de recherche. Très vite des bonnes volontés, à l'université et à l'extérieur de l'université (Direction de la Statistique notamment) ont contribué aux activités de recherche, enquêtes sur le terrain et analyses statistiques. Certains étudiants, très tôt associés aux enquêtes et analyses, firent leurs premières armes dans la recherche en rédigeant des mémoires de fin d'études ayant trait aux questions de population. Enseignement et recherche se renforcèrent mutuellement.

Une étape décisive fut franchie avec l'aide que le FNUAP apporta à partir de 1981 à l'Université de Lomé pour créer une strucuture de recherche, de formation et de documentation en population. Cette assistance permit à l'équipe initiale de se doter d'une infrastructure administrative et logistique mise à la disposition à la fois de l'université et du public intéressé par les travaux de l'Unité de Recherche Démographique (URD).

Après dix ans d'existence, L'URD a accumulé un solide potentiel scientifique et de formation. Cinq chercheurs, un directeur administratif, une bibliothécaire, deux stagiaires de recherche, trois étudiants en formation de troisième cycle et dix employés administratifs et techniciens composent son personnel. (1) L'équipement scientifique comporte essentiellement les 2000 ouvrages de sa documentation et les six micro-ordinateurs qui sont utilisés le plus souvent jour et nuit.

L'activité de l'URD s'est traduite en projets de recherche, les uns publiés, les autres en cours de réalisation, certains enfin "en panne" faute de financement adéquat. On consultera en annexe la liste des publications de l'Unité. Nous survolerons rapidement les principaux thèmes de recherche abordés ainsi que les efforts déployés par l'URD pour développer les connaissances sur les problèmes de population.

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(1) A ce personnel permanent est associée une équipe d'enquêteurs et d'enquêtrices quasi-permanents dont certains ont collaboré à la plupart des opérations de terrain de l'URD.

II. DOMAINES DE RECHERHCHE

II.1 Fécondité et famille

C'est le premier domaine qui a donné lieu à une enquête de l'URD. Compte tenu de son importance primordiale, ce sujet reste la terre d'élection des recherches de l'URD. Citons les principales études :

- Fécondité et Famille dans le Sud-Est Togo

Une enquête par sondage auprès de 1500 femmes d'un milieu rural proche de Lomé a permis d'analyser le niveau et les déterminants de la fécondité, resitués dans la dynamique de la société rurale concernée. L'accent étais mis sur les raisons historiques, sociales et économiques qui expliquent la préférence de cette société pour de nombreuses descendances.

- "L'arrivée du prochain enfant à Lomé", autre enquête d'envergure sur ce thème, a concerné 3600 femmes de Lomé et s'est attachée à enregistrer tous les évènements qui peuvent entourer l'arrivée d'une nouvelle naissance et de mesurer les déterminants proches de l'intervalle entre naissances, y compris la pratique de la contraception.

- Dans la même ligne l'URD étudie actuellement l'évolution des structures familiales à travers les recensements et, d'un point de vue plus anthropologique, des normes et comportements en matières de mariage, de relations inter-familiales et de fécondité.

La nuptialité a fait l'objet de plusieurs articles tant à travers les résultats de recensement qu'à partir des enquêtes fécondité qui ont été réalisées. Des résultats ont été publiés sur l'évolution de l'âge au mariage, de la polygamie et les nouvelles formes d'union à Lomé.

Enfin, thème d'importance dans nos pays, l'URD participe à un projet inter-états d'étude sur la Fécondité des adolescentes.

II.2 Les mouvements migratoires

C'est, en importance et en volume des travaux, le second thème de recherche de l'URD. le Togo a un accroissement démographique que certains considèrent comme préoccupant mais il a également un "malpeuplement", c'est-à-dire une répartition géographique déséquilibrée, comme dans beaucoup de pays d'Afrique. Certaines terres s'épuisent d'être trop sollicitées, d'autres restent inutilement en friche. On ne peut concevoir de planification sans évaluation des migrations externes et internes qui mofifient à vive allure le peuplement des régions et conditionnent leur mise en valeur. La première publication sur ce sujet a consisté à faire le bilan de toutes les études, géographiques, sociologiques voire démographiques menées à bien depuis 1970. Un ouvrage collectif est né de cette synthèse. Puis les chercheurs ont entrepris l'analyse du recensement de 1981 qui recèle d'excellentes possibilités statitistiques pour l'étude des migrations. Après ce travail qui vient de s'achever, un programme de plusieurs études limitées, à caractère socio-démographique, sera entrepris sur les sujets identifiés comme prioritaires, notamment : réseaux migratoires et réseaux familiaux, migrations féminines, migrations vers les villes et structure des emplois.

II.3. La santé pour tous et la lutte contre la mortalité

En ce qui concerne la mortalité, le caractère très imparfait des données nationales (état-civil incomplet, collecte très défectueuse des décès lors de recensements) ont empêché que soient faits des travaux d'envergure. La publication de tables de mortalité réestimées selon la méthode de Courbage-Fargues, à partir du recensement de 1970 reste un travail pionnier. Il a permis à l'URD de publier des perspectives de population jusqu'en 2006, sous différentes hypothèses de fécondité.

Si, pour la mortalité des adultes, les données de base manquent et risquent de manquer pour les années à venir, par contre la mortalité infantile et juvénile, grâce aux données que l'on recueille lors d'une enquête fécondité, sera prochainement beaucoup mieux connue. L'URD réalise en effet dans le cadre d'un projet international (Demographic and Health Survey) financé par Westinghouse et l'USAID, une enquête auprès de 4500 femmes réparties sur tous le territoire qui comporte un important volet sur la santé des enfants. Des résultats seront disponibles en 1989.

A une échelle plus modeste l'URD a mené des travaux en collaboration du service de pédiatrie du CHU et du Centre International de l'Enfance. Il s'agissait de connaître la nature des consultations pédiatriques, les symptômes présentés, les diagnostics établis et l'adéquation des préscriptions médicamenteuses à la demande de santé. Ces résultats sont en cours de parution.

II.4. Population et développement

Interrelation entre population et développement économique est un thème porteur, plus souvent évoqué avec enthousiasme que traité avec précision. Peu soucieux de se lancer dans d'ambitieux modèles démo-économiques pour lesquels les données manquent annuellement au Togo, les chercheurs de l'URD ont contribué à une meilleure connaissance de certains secteurs-clés pour la planification. C'est ainsi qu'il a été fait plusieurs rapports sur la scolarisation, sur l'adéquation entre effectifs scolarisés et emplois disponibles, sur l'intégration des données démographiques dans les plans togolais. L'analyse régionale du recensement de 1970 a également été réalisée par une équipe de démographes togolais à l'initiative de l'URD. D'une façon globale, les programmes de recherche à l'URD se sont toujours efforcés de réserver une certaine part à l'analyse et à la présentation didactique des statistiques démographiques existants et de sauvegarder les sources de données en péril pour la future "histoire démographique" du Togo (ainsi en a-t-il été du recensement de 1979 dont les supports informatiques étaient perdus et les bulletins originaux en voie de détérioration).

Enfin, une étude, ambitieuse dans son projet bien que limitée dans sa localisation, a traité de la relation entre production et reproduction. C'est l'étude "Comportements socio-démographiques et évolution des ressources vivrières au Sud-Togo". Elle a permis de confronter, dans quatre villages, à la fois des variables démographiques et l'ensemble des caractéristiques de la production.

III. INFORMATION, EDUCATION, COMMUNICATION (IEC)

Les activités IEC sont en passe de devenir "l'enfant chéri" des organismes internationaux. En tant qu'Institut d'Université, l'URD a développé, avant la lettre, ce type d'activités. Travaillant dans un pays où les structures de communication sont encore défectueuses, où l'activité de recherche est souvent méconnue sinon inconnue, les chercheurs, s'ils veulent que leurs travaux aient une prise sur le réel, doivent organiser leur propre publicité ou, pour mieux dire, leurs propres circuits de diffusion. Les publications scientifiques sont certes indispensables mais elles ne sont pas suffisantes. Il faut faire passer le message, informer une masse critique de cadres et de futurs cadres pour voir un jour des résultats de recherche pris en compte dans la planification, voire la vie quotidienne du pays. L'implantation universitaire est particulièrement opportune pour y parvenir. Les cours sont les véritables bancs d'essai des résultats de recherhce.

L'une des premières initiatives de l'URD pour améliorer la connaissance de questions de population a été la la formation des enseignants du cycle primaire comme cycle secondaire, assortie de la mise au point, avec leur aide, de nouveaux programmes intégrant les questions de population. Le travail s'est matérialisé par des manuels pédagogiques mis par l'URD à la disposition du Ministère de l'Education Nationale qui sont maintenant utilisés à tous les niveaux scolaires.

Parmi les autres activités, citons de nombreux séminaires (une quinzaine depuis 1981) organisés par l'URD pour divers publics et sur divers thèmes. Enfin, les mémoires d'étudiants, la revue "Etudes Togolaises de Population", et divers ouvrages constituent l'apport plus directement scientifique de l'URD.

La plaque tournante de l'information et de la communication est constituée par le centre de documentation de l'URD. Une bibliothèque mise à la disposition aussi bien des chercheurs que des étudiants, gère les "relations publiques", (information au grand public, échange de publications avec les autres organismes, contacts avec les médias etc...), supervise les publications scientifiques. Il est devenu un rouage essentiel du fonctionnement de l'URD. Son informatisation, souhaitée pour le proche avenir, permettrait de franchir un nouveau pas dans la qualité des services offerts à l'intérieur comme à l'extérieur de l'URD.

IV. L'URD A L'INTERIEUR ET A L'EXTERIEUR DU TOGO. DIFFUSION DES RESULTATS ET COOPERATION INTERNATIONALE

Après une première période où, comme c'est souvent le cas des institutions universitaires, ses travaux n'étaient connus que d'un petit cénacle de l'université, l'URD a maintenant acquis droit de cité dans l'ensemble des institutions togolaises. Sa capacité à mener des enquêtes à caractère statistique est venue compléter les moyens déjà disponibles à la Direction de la Statistique. Les enquêtes et analyses sont souvent le fruit d'une collaboration avec différents Ministères : Plan, Education, Santé et Direction des Affaires Sociales et de la Condition Féminine. L'URD a également été largement à la disposition d'autres projets togolais financés par le FNUAP (recencement, projet sur l'éducation sexuelle dans les écoles etc...).

Depuis 1985 des signes convergents montrent que le gouvernement togolais a effectué une prise de conscience décisive de l'importance des questions de population pour l'Afrique de demain. Citons-en deux exemples : les activités de l'Association de bien-être familial (ATFEF) ont été renforcées et le discours du Président de l'Assemblée Nationale à l'ouverture de la session parlementaire 1987 a porté sur la population et le développement. Cette prise de conscience est le résultat des efforts de tous les organismes travaillant en ce domaine au Togo. On peut supposer que l'URD à eu une part non négligeable à cette évolution.

L'URD s'est peu à peu insérée, d'abord dans la communauté Ouest-africaine des Instituts de recherche mais aussi dans celle, plus large, des instituts et associations scientifiques de statut international. Cette coopération a des aspects multiformes, notamment dans les domaines suivants :

1. Documentation. Il existe des accords d'échange avec les banques de données travaillant sur la population, avec les autres institutions Ouest-africaines.

2. Formation des étudiants. De futurs chercheurs sont en formation aux départements de démographie de Louvain-la-Neuve, de Montréal et de Philadelphie. A l'inverse l'URD accueille des stagiaires de recherches venus d'autres pays (Université de Groningen, d'Abidjan, d'Ibadan).

3. Participation à des séminaires inter-africains. L'URD a organisé à plusieurs reprises des rencontres scientifiques rassemblant des chercheurs de différents pays d'Afrique (voir annexes) et ses chercheurs participent de plus en plus souvent à des colloques scientifiques internationaux.

4. Relations institutionnelles. L'URD a signé des conventions de recherche ou de coopération avec diverses universités et institutions (Institut du Sahel (CERPOD), Universités de Montréal et de Louvain, ORSTOM notamment).

Si ces activités sont la vie quotidienne d'une institution des pays développés, il est important de les souligner dans le cas d'une institution africaine car elles sont, pour des raisons matérielles évidentes, plus difficiles à mettre en place et pourtant indispensables.

V. RESEAU INTER-UNIVERSITAIRE AFRICAIN POUR LE DEVELOPPEMENT ET LA POPULATION (RIADEP)

Nous voulons présenter dans un paragraphe spécial le projet de réseau inter-universitaire africain qu'anime une équipe de l'URD avec l'aide de la Fondation Ford, car il s'agit d'une actvitié nouvelle qui, touchant à la fois la recherche et la formation, dépasse le cadre strictement togolais pour réunir les efforts de plusieurs universités Ouest-africaines. Ce projet a besoin pour se développer d'une assistance internationale renouvelée. Le projet a pour objectif de développer l'enseignement en matière de population au sein des universités francophones d'Afrique Noire.

Jusqu'à présent, on a surtout progressé dans la formation de spécialistes en démographie (notamment au sien du RIPS et de L'IFORD). Cette formation répond à certains besoins des études de la population africaine, ceux qui sont spécifiquement d'analyse démographique, mais les besoins plus larges d'une solide information sur les problèmes de population des autres diplomés des universités -économistes, géographes, anthropologues, médecins- sont peu ou mal couverts. Bien plus, alors qu'il existe un besoin urgent d'analyses explicatives des données démographiques par l'étude de leurs interrelations avec le contexte économique, social, culturel, trop peu d'unités de recherches universitaires, en principe toutes désignées pour ces travaux multidiciplinaires, s'intéressent à ces thèmes de recherche.

Il semble donc nécessaire de faire un nouvel effort dans la formation en matière de population et ce, à partir des structures universitaires existantes, visant une intégration plus systématique de l'enseignement et de la recherche en matière de population dans les programmes universitaires. En effet, le bilan des opérations de formation de démographes de la région montre que, parmi les spécialistes formés, certains se trouvent isolés dans des structures mal préparées à utiliser leurs compétences. L'idée de ce programme est d'aider des enseignants ou chercheurs à partir des structures universitaires et de promouvoir une meilleure synergie entre compétences et structures d'accueil.

Dans les universités francophones d'Afrique, l'enseignement de la démographie, au sein de disciplines telles que la géographie, mais plus encore la sociologie, l'économie, la médecine et l'agronomie où elle a vocation naturelle à être enseignée, n'a pas encore trouvé la place qui est la sienne. Celà tient, en grande partie, à un héritage néo-colonial, car les universités françaises elles-mêmes ont difficilement ouvert leurs portes à cette discipline, considérée pendant longtemps comme un "outsider". Pourtant, il existe en Afrique, une demande croissante pour une mise en perspective des problèmes de développemnt dans leur contexte démographique et, par ailleurs, un souci d'analyser les phénomènes démographiques à la lumière des variables économiques et sociologiques des populations concernées -et non plus seulement de les observer et de les décrire.

Les activités du RIADEP ont été programmées à partir du bilan établi lors de la rencontre interuniversitaire de Lomé en 1985 organisée par l'URD et l'UNESCO.

Le RIADEP existe depuis le début de 1988. Il est donc plus lourd de projets que de réalisations. Quatre universités de la sous-région sont d'ores et déjà partie prenante aux activités prévues (Cotonou, Ouagadougou, Niamey, Lomé) mais d'autres universités (Kinshasa, Dakar) ainsi que les institutions de formation et de recherche (CERPOD, IFORD, ENSEA) ont manifesté le désir de participer au RIADEP. Nous ne pouvons ici que dresser la liste des activités prévues :

1. Mise au point de programmes d'enseignement des questions de population pour différents niveaux et disciplines universitaires.

2. Identification des besoins pédagogiques (renforcement du volume des enseignements, recherche de documents pédagogiques, diffusion d'informations sur les bourses et les enseignements post-universitaires, échange d'enseignements, etc...).

3. Formation et recyclage des enseignants.

4. Création, dans une ou plusieurs universités du projet, d'une année d'initiation à la recherche.

5. Incitation à l'activité de recherche (stages d'enseignants, bourses pour des mémoires d'étudiants, mise au point de programmes thématiques communs à plusieurs universités etc...).

6. Diffusion des activités des membres du réseau, de leurs projets et de leurs besoins, aussi bien en Afrique qu'en dehors de l'Afrique, au moyen d'un bulletin du RIADEP.

Une telle structure, aussi souple et aussi modeste soit-elle a besoin de moyens financiers. La Fondation Ford a été la première à répondre à nos demandes. Compte-tenu de l'intérêt suscité par l'annonce de la création du réseau au début 1988 les moyens actuels ne suffisent pas. Si l'on ne veut pas décourager les énergies qui se sont mobilisées sur ce projet dans plusieurs pays il faudrait renforcer l'assistance internationale.

VI EVALUATION CRITIQUE DE L'URD

Lorsqu'on présente les activités d'une institution, surtout lorsqu'on y a travaillé, on a tendance à relever essentiellement les réussites. Les insuccès sont vite oubliés. Pourtant, s'il est utile de faire le diagnostic des facteurs décisifs des succès, il est nécessaire de faire le compte des difficultés et des échecs.

VI.1 Les facteurs essentiels de la croissance de l'Unité de Recherche Démographique

VI.1.1 La structure institutionnelle

Le soutien sans faiblesse des autorités universitaires envers l'initiative des chercheurs a permis de créer une institution dotée d'une relative autonomie administrative (elle relève directement du Rectorat). Cela évite en partie les arcanes d'une structure à plusieurs niveaux hiérarchiques et facilite les rapports des chercheurs avec les institutions internationales.

VI.1.2 Les ressources humaines

L'interaction entre enseignement et recherche a été décisive. Les étudiants ayant suivi des cours de démographie ont été le vivier où se sont révélés les futurs chercheurs démographes. A ce jour six étudiants ont préparé ou soutenu des thèses de troisième cycle ou des Ph.D. La plupart ont pu utiliser des données d'enquêtes réalisées par l'URD pour faire des analyses originales. Le FNUAP et différents organismes de financement ont grandement contribué à la formation des chercheurs (Bourses de 3ème cycle, voyages d'étude et stages).

L'URD a également eu recours à la communauté scientifique internationale. Des missions de consultants ont apporté une contribution spécifique dans des domaines où l'on ne trouvait pas sur place les compétences nécessaires. C'est ainsi par exemple que l'équipe de l'URD a acquis l'expérience des logiciels informatiques. Citons parmi les visiteurs les plus connus A. Sauvy, L. Tabah, D. Tabutin, J.C. Chesnais, J. Gregory.

VI.1.3 Les financements

Après une longue phase de démarrage où la cellule initiale a commencé, sans moyens extérieurs, à "faire ses preuves", l'URD a bénéficié de concours extérieurs : FNUAP, CRDI, FONDATION FORD, USAID, Population Council, Coopération francçaise figurent parmi les organismes qui ont aidé à financer des projets de recherche. Sans ces apports extérieurs, l'URD n'aurait pas eu les moyens de se développer. Ces financements sont importants, non seulement parce qu'ils offrent des ressources qui n'existent pas au niveau local, mais aussi parce qu'ils permettent de valoriser des moyens disponibles localement, qui resteraient inopérants sans adjonction de moyens extérieurs. Il y a donc un effet cumulatif de ces financements et des moyens locaux.

Le fait que l'URD travaille essentiellement sur des crédits obtenus de l'assistance internationale pour des projets de recherche est à la fois un très fort stimulant et un "talon d'achille". Dans leur grande majorité les chercheurs et le personnel de soutien sont payés sur ces crédits. Les difficultés économiques bien connues des Etats Africains n'ont pas permis de créer des emplois permanents correspondant à l'expansion du personnel de l'URD. C'est là une de ses grandes fragilités (voir VI.2.1.).

VI.1.4 Les équipements

Avec le recul du temps, trois types d'équipements paraissent avoir joué un rôle décisif :

1 une infrastructure administrative efficace mise au point par un économiste spécialisé en gestion,

2. une bibliothèque bien équipée et bien gérée par une géographe spécialisée en documentation, capable à la fois de collaborer avec les chercheurs et de créer une véritable structure documentaire,

3. l'installation de micro-ordinateurs (1983) qui donnèrent à l'URD une autonomie quasi-totale pour le traitement et l'analyse des enquêtes et statistiques.

VI.1.5 La politique scientifique

Les travaux et l'extension de l'URD sont caractérisés par la cohérence des différentes activités menées, qu'il s'agisse de recherche ou de formation. C'est particulièrement net au niveau des recherches où les résultats obtenus, à un moment donné, sont repris, approfondis si nécessaire dans les programmes de recherche suivants. Il y a ainsi mise en valeur progressive des résultats.

Un autre facteur a contribué à la qualité des travaux. C'est la multi-disciplinarité. Il y a toujours eu à l'URD diversité des apports de chacun : des démographes certes, pour la plupart, mais ayant eu auparavant une formation en économie, en psychologie, en géographie ou en sociologie. Cette diversité est nécessaire dans le domaine des sciences sociales.

VI.2. Difficultés et lacunes de l'Unité de Recherche Démographique

VI.2.1. Les moyens matériels

Si jusqu'à présent l'équipe de l'URD a trouvé dans l'aide internationale les moyens essentiels de sa survie, il ne faut pas se cacher que cette dépendance financière peut être, à terme, une menace pour son avenir. Les salaires du personnel, à trois exceptions près, dépendent de crédits extérieurs, et l'évolution des recrutements de fonctionnaires au Togo ne laisse que peu d'espoir d'un "relai" au niveau national dans les

années à venir. L'orientation des crédits de recherche extérieurs, plus faciles à obtenir pour des opérations ponctuelles d'enquêtes sur le terrain que pour des infrastructures, renforce la précarité de l'institution.

Il faut que les universités mettent le statut des chercheurs à l'étude et considèrent de plus en plus les activités de recherche comme partie intégrante de leur mission.

VI.2.2 Le recrutement du personnel

En dehors des difficultés financières, il existe des difficultés "démographiques" transitoires dans le recrutement des chercheurs: du fait que les premiers démographes, sociologues, économistes, disponibles à l'université n'ont été formés qu'à partir de 1975 environ, la structure par âge des chercheurs se caractérise par sa jeunesse. Il n'y a pas encore de "Seniors" parmi eux. Pendant quelques années encore, l'URD sera peut-être amenée à faire venir des consultants ayant une longue expérience de recherche pour la conception ou l'analyse de certains projets.

VI.2.3 L'orientation de la recherche

A cause de son mode de financement, il est parfois difficile à l'équipe de maintenir le cap d'une politique de recherche définie à partir des besoins nationaux et d'exigences scientifiques précises. Il faut parfois sacrifier un projet très intéressant pour le pays, mais sans financement. Il faut parfois lancer trop vite de nouvelles opérations de terrain sans avoir eu le temps convenable pour terminer les analyses des précédentes.

Les chercheurs de l'URD sont en état de "surtravail" permanent. Ils parent au plus pressé. Certaines analyses, notamment les travaux strictement démographiques pour corriger des données imparfaites en utilisant des méthodes d'estimation indirecte, demanderaient plus de temps, c'est-à-dire plus de salaires assurés, non pas pour des opérations de terrain, mais pour l'analyse des données. Il y a un certain risque, qui n'est pas propre à l'URD, de voir les institutions de recherche africaines confinées au rôle de collecteurs de données sur le terrain, données ensuite brillamment analysées par des chercheurs des pays du Nord disposant de moyens informatiques puissants, et du temps nécessaire à l'analyse. L'aide internationale (elle l'a déjà fait pour l'URD) doit accepter de contribuer aux infrastructures de recherche, à la formation des chercheurs en cours d'emploi, à l'analyse des données démographiques comme à leur collecte.

Au niveau des thèmes de recherche, on peut signaler trois domaines qui n'ont pas encore eu la place qui devrait leur revenir, et devraient faire partie des projets à venir :

1. La mortalité: Il y a peut-être des sources démographiques non conventionnelles à mettre en valeur (exemple récent de P. Fargues au Mali).

2. Le statut des femmes. Les enquêtes de l'URD ont souvent effleuré le sujet, mais il mériterait à lui seul une ou plusieurs recherches spécifiques dans une sous-région où l'activité et l'autonomie féminines sont légendaires.

3. La population, l'emploi et les modes de production. C'est un thème prioritaire pour l'intégration de la variable démographique à la planification du développement. On pourrait notamment utiliser les connaissances acquises par l'URD sur les structures familiales pour étudier le rôle des réseaux familiaux dans la création d'emplois informels.

Si nous avons présenté l'exemple de l'URD, c'est parce que nous pensons que cette expérience, limitée dans l'espace et dans le temps, peut être riche d'enseignements pour d'autres institutions existantes ou à venir. Les universités sont un cadre naturel pour la recherche, mais jusqu'ici, ce sont surtout les universités anglophones qui ont pris de telles initiatives. Il reste beaucoup à faire dans les universités francophones pour que des institutions de recherche multidisciplinaires renforcent et prolongent les activités des organismes centraux de statistique. Ce qui a été fait au Togo peut aussi être réalisé dans d'autres pays si l'on arrive à cristalliser sur cet objectif des compétences nationales et une coopération internationale.

INSTITUTIONAL BUILDING IN POPULATION AND REPRODUCTIVE HEALTH IN SUB-SAHARAN AFRICA

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INTRODUCTION

Sustained interest in the link between population change and reproductive health is of recent origin. Whilst there has been nearly a century of interest in the reproductive health of sub-Saharan Africa by the medical profession, basic descriptive studies of the population and attempts at documenting trends by social scientists is a post World war development (Caldwell 1968). The recognition of these links was not altogether fortuitous. It was a product of the growing synthesis of the basic principles that had been established on both sides of the social and health sciences divide. An understanding of the reproductive health research as well as the identification of the areas of common interests, are preconditions for improving the quality, quantity and disposition of the physical and human resources needed for the pursuit of an agenda for the advancement of population and reproductive health matters in the region.

The paper has a number of objectives. It will attempt an explanation of the gulf separating population studies and approach between the social and the health sciences (section I). Shared themes and common interests between the two sciences in reproductive health will be identified (section II). The influence of traditional values on reproductive health behaviour in the region will be discussed briefly (section III). The preoccupations of institutions with global theories and research and reproductive health matters, will also be identified (section IV).

Other objectives include the discussion elements of a joint biosocial research agenda in population and reproductive health (section V). The institutional frameworks needed for the pursuit of such an agenda will also be discussed (seciton IV). Finally, the concluding remarks will focus on possible donor roles in institutional building, against the background of the various institutional and attitudinal problems identified in the discussions.

SECTION I: DIFFERENCES IN APROACH

Population studies and the Social Sciences

Demographic and population studies now cover aspects of the numbers, composition, distribution and movement of peoples within and between administrative territories. These aspects have largely been the preserve of the social sciences. At the demographic end of the scale, the theoretical frameworks and paradigms adopted are based on broad and well established principles in reproductive health. However, in the development of population studies in the region, the natural starting point was the documentation of the discrete aspects of population, namely, the numbers and distribution of the population. At this early stage, the skills of the human geographer was the most suited. Such skills permitted a qualitative description of the distribution of settlements and of peoples, even when the quantitative data was less than ideal. Such descriptions were, until recently, rather static. But a few individuals were skilled enough to give an insight into the dynamism of population change in such areas as urbanisation and the temporal and seasonal migration of peoples.

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The fundamental problem at this early stage was the absence of a series of reliable periodic censuses and the absence of vital registration system in all but a few capital cities. Although the post-World war era has witnessed some improvement in the census situation, the vital registration systems of most countries of the region still remain virtually unchanged. Consequently, when the early Africanist demographers embarked on filling in the gaps in the population studies of the region, the poor quantity and quality of population data was the first intellectual challenge. The response has been the emergence of one of the most productive and utilitarian aspects of the discipline of demography, the indirect methods.

Two considerations led to the development of these methods. On the one hand, the pattern of errors and ommissions in the data emerging from the region promoted the effort at their correction so that much more insight could be gleaned from available data. On the other hand, the impact on the direction of policy of some of the answers that could be obtained by employing these methods went well beyond the immediate academic concern of the demographer with population parameters. One group that benifited from the indirect methods were planners who cold be supplied with reasonable estimates derived rom ad hoc surveys. However, the compatibility of analytical interests of demographers and the policy and programming interests of planners required more than the breakthrough in methodology. The gap in communication between researchers and planners was only partly academic it was largely political.

The theoretical preoccupation of demographic analysis was with the demographic transition. And in a short space of time, it was apparent that the African demographic situation posed some very new problems to which the wisdom of the transition theory was not wholy applicable. On the other hand, the assumptions underlying the transition theories were not always accepted as valid by planners. But, when it suited them, these assumptions were seized upon as excuses for political inaction. In effect the population policy agenda was gradually insulated from the agenda or outcome of demographic research.

The separation of research and planning was, however, not uniform within the region. Most francophone countries of Africa carried on the French tradition of placing their population research agenda within the economic planning framework of governments. In these countries therefore, any total separation of demography and population policy making was impossible. In contrast, the anglophone countries kept the demographic and population studies within Universities. The products of such studies ended up in government departments, proclaiming the intellectual independence of the Universities,but ultimately subject to the control of the planners and political decision-makers.

The utility of such studies were maximised only when current programmes of national and international agencies drew on the insights from such studies. In the climate of urgency dictacted by such programmes, a temporary truce is called in the conflict arising from the strict division of labour between the data gatherers and the data users. It is true to say that it is in the fields of reproductive health status assessment, planning and implementation that most current programmes have attained that degree of urgency. And it is in such a context that communication gap between population analysts and health professionals and researchers looms large as a deterrent to the emergence of clear policy guidelines being drawn from population studies in the planning and decision making processes.

RProductive Health and the Health Sciences

Reproductive health covers a wide spectrum of events and activities related to the health of both mothers and products of conceptions. The spectrum is punctuated with some vital events such as conception, pregnancy wastage, parturition, neonatal and maternal deaths. Whilst the frequency and timing of these events affect the study of population dynamics, the qualitative aspects of some of these events in the life of individual patients may be of limited interest ot the social sciences. In contrast, both the longitudinal aspects of reproductive health, as well as its aggregated aspects, are of concern to the health sciences.

The broad historical evolution of that concern in sub-Saharan Africa is of interest to the divergence of reproductive health studies and population studies until very recently. In the early days of European contacts, the vry appalling health conditions in the region drew earliest attention. The early age at marriage, the high or low fertility, depending on the location, and the high level of infant and childhood mortality soon attracted attention. In the earliest attempts at explaining the observed patterns, the anthropological evidence pointed to the existence of a number of practices which favoured or worked against child survival. On the favourable side was the practice of prolonged breastfeeding, and on the other hand, there was the widespread practive of circumcision. The poor environmental conditions in which chldren were raised and the debilitating conditions of motherhood within the region also attacted early attention (Schram 1971).

This poor baseline health status of mothers and children led to the early development of health programmes and some basic research in the health sciences about the constellation of malnutrition, cultural practices, and infant and childhood mortality. It also led to the very pragmatic research agenda in Tropical diseases and health which focussed on the rapid investigation and solution of identified health problems. In all these pragmatism, the health sciences were aided by a number of a priori proven solutions. Vaccination, immunization and health education were tried and tested solutions for communicable and immunizable diseasess. Consequently, the contribution of the demographic research agenda was limited to the peripheral areas of evaluation of health programmes rather than being related to the core concern with the actual development of survival strategies at this stage. The mutual relevance of population studies and reproductive health activities was to come much later.

SECTION II: AREAS OF SHARED INTERESTS

It is only recently that the link between the activities of the social and health sciences is regarded as constituting a synergistic realtionship, one enhancing the quality of the other. The mutual reinforcing that goes on between population studies and reproductive health can be illustrated by reference to some emerging interests in the simultaneous promotion of population growth management and reproductive health programmes.

Maternal mortality and optimum conditions for child bearing

In a short space of time, maternal mortality has displaced infant mortality as the key differentiating indicator of the quality of life in various economic regions of the world. In this context, there is an emerging interest in identifying the optimum conditions for child bearing 5OCCB) that will minimize both the maternal and the asociated losses due to non optimal child bearing (Acsadi & Johnson (Acsadi 1986).

Perinatal mortality and OCCB

The level of perinatal mortality is not independent of the level of maternal mortality. Nor is it independent of the departures of couples from the observation of the optimal conditions of child bearing. Stated briefly, perinatal mortality level is a product of the number of pregnancies the woman had had. It is also a product of the nutritional and general health conditions of the mother; it is also influenced by the environmental factors surrounding parturition and the immediate period (Chamberlain 1981).

Infant and childhood mortality and OCCB

The level of infant and childhood mortality is also not independent of the OCCB, although the relationship between the two is not as strong as those between perinatal mortalitty and OCCB. In infancy, the quality of acre of the index child is adversely affected by the conditions surrounding the onset and arrival of the next child. There are, in addition a host of other circumstances of the environment and health care system situation that similarly affect the chances of infant survival.

Conception, contraception and MCH

It is within the framework of ameliorating the conditions of motherhood and improving the chances of good health for both mothers and infants that changes have been introduced in family formation behaviour within maternal and child health programmes. Such changes characteristically involve normative and cognitive and attitudinal values. The extent to which such changes are easy to affect largely depends on the strength with which mothers adhere to traditional values and the extent to which educational programmes are perceived as relevant to the problems facing the considerations as stability of their marriages, meeting family size preferences of husbands an competing with other spouses in the number and the sex composition of such children. Other considerations are the prevailing traditional values to which the mothers may feel compelled to adhere.

SECTION III:
FAMILY FORMATION PRACTICES AS OUTCOME OF TRADITIONAL VALUES

The resistance of some African traditional values to change is legendary. One major domain of concern is the reproductive health domain. Although the logic of behavioural and attitudinal changes recommended for reproductive health may be simple, there are socio-cultural barriers to effecting of change. Some of these barriers include the influence of families of orientation on subsequent family formation behaviour; the impact of socio-economic environment on family formation and the continuing ambivalence of mothers about the adoption of some modern variants of family formation.

A number of factors in the upbringing of the current cohort of mothers encourage them to adopt the same values as the ones they grew up with. Coming from large families and growing up within a network of family support systems for child rearing, influence the behaviour of mothers, even when elements of the support systems have been eroded. The consistent devaluation of the work of female children and the persistence of inheritance though the male line are other normative values that condition the attitude of mothers. There are, of course, some socio-economic and demographic factors which reinforce or erode the impact of the norms on family formation.

The family formation experiences of the current mothers may differ in such aspects as relatively lower pregnancy wastage and improved fertility. This may encourage some lowering of family size aspirations. On the other hand, the reduction in access to family support systems and the monetization of nearly all aspects of family life, may make the sharing of childrearing and upbringing costs impossible. But survey evidence still show the extent to which the level of infant mortality is unacceptably high and the incidence of pregnancy wastage still widespread. In situations in which nearly two thirds of mothers report loss of pregnancies and nearly a third, the previous loss of infants, the termination of child bearing is not a casual decision to take.

Limited research of national relevance

Another outcome of the absence of a truly continental set of priorities on population matters was the concommitant absence of a continental research agenda. Whilst visiting scholars tried to integrate their activities into a universal agenda, such efforts often produced less than the optimal output. In some cases the adoption of core questionnaires diluted the significance of observations of such global research activities were not met in the African countries.

The research responses to the demographic transition theory

In as much as the overall activities of the population studies stayed within the theoretical framework of the demographic transition theory, it was not difficult to maintain the illusion of academic relevance. That theory provided a loose context in which efforts at understanding the patchy evidence of demographic change in the African region revolved. The illusion could, however, not be maintained in view of the growing evidence that there was a divergence in the experiences of non-industrial populations in the evidence on some

relationships postulated by the theory (Morgan 1976). Attempts at restating the theory focused on the integration of some of the new field observations, especially those form sub-saharan Africa into the main propositions and preconditions of the theory (Caldwell 1976, 1978).

Another line of approach was to study the ethnographic and anthropological basis of fertility behaviour in these largely traditional societies (Saucier 1972; Whiting 1964). In this connection, it is worth noting that the attempt to incorporate the varied evidence of small ethnic groups and nations into a coherent account of the motivation of fertility behaviour spanned a period of more than five decades. It extends from the pioneering studies and reviews by Carr-Saunders (1922), Ford (1945, 1952) Lorimer et al., (eds 1954) to the emergence of the intermediate framework of Davis and Blake (1956). It also involved the landmark review by Nag (1976) and the quantitative breakthrough in the proximate framework deviced by Bongaarts (1975, 1978). However, not much progress has been made to combine the ethnographic with the largely quantitative and aggregative testing of the hypotheses of interest.

Although most of the propositions derived and tested from the transition theory went to fertility-related phenomena, (Mabogunje and Arowolo 1980; Ware 1978), the slant given to such studies was not dictated by local programme needs but by global priorities. In effect, such studies dwelt on aggragated analysis of data, drew limited observations from disaggragated data and had little or no contribution to make to the framing of policy of programme positions in the countries in which they were carried out. However, the ultimate global impact of some of the studies made up for the initial ommissions. This was achieved by the articulation of local concerns at global platforms and the deliberate adoption of a "tricle down" approach to the building of local capacities.

Trickle down effects of global health programmes

One global reproductive health-related programme which benefitted from this aproach and contributed to the creation of the present atmosphere of rapproachment between population studies and reproductive health studies and planning is the health for all programme. The programme simultaneously made local needs part of a global strategy whilst encouraging the development of local initiatives in the attainment of stated objectives. In the atmosphere of attaining the local objectives by broadly similar approaches, the planning of local health needs required knowledge of local populations. The cliche that health was too important to be left to physicians alone made the contribution of the social sciences, as well as the native intelligence of communities, essential inputs into the formulation of policies and programmes for attaining stated health objectives. The added fact that mothers and their children account for more than a third of the population made the focus on their welfare an understandable approach to Primary Health Care delivery and the attainment of the goal of health for all.

Another recent global programme with reproductive health implications is that for the surveillance and control of the HIV/AIDS pandemic. The fact that the research, commercial and academic communities as well as the political decision makers can respond with such speed to global emergencies and temporarily sink some differences is the saving grace of an imperfect framework for ongoing collaboration between various specialities in the solution of health problems. But even with the urgency of the evolution of the AIDS monitoring and control programmes, it is often possible to see that the prioritization of activities are at times based on the egoistic claims fo superiority of the discipline over others. The priority initially accorded biomedical research at the National AIDS Task Force levels, even when the main control approach could only largely be social and behavioural, points to the fundamental problems faced in forging collaborations between the biomedical sciences, on the one hand, and the behavioural sciences on the other.

The translation of global programmes into local strategies, even when they have emerged from perceived local needs, is often made difficult by this lack of cooperation; consequently, the achievements of such programmes are less than promised in their laudable objectives.

SECTION V: ELEMENTS OF BIOSOCIAL RESEARCH AGENDA

Embarking on institutional strengthening without identifying some common elements of a biosocial research agenda for population and reproductive health can hardly be fruitful. one approach to the design of such an agenda is to go over the various points of synergy in population studies and reproductive health goals and activities pointing out possibilities existing for collaborative studies.

Age at marriage

In the case of the actual onset of the exposure to risk of pregnacy, within or outside marriage, health education has acheived very little in effecting changes in behaviour. Far more powerful has been the influence of formal education and apprenticing of girls in the postponement of marriage. Apart from these avenues of change, the provision of legislations setting minimum age at marriage may be the solution, if there is a political will to enforce the laws. But even in this connection, the study and presentation of the social and health consequences of early marriage and teenage pregnancy (Effiong and Banjoko, 1975) to policy-makers can be a joint agenda of the social and biomedical sciences.

Pregnancy outcome and maternal mortality

The monitoring of general population data in this field has only begun to attract attention. The development of an indirect method addressed to the investigation and analysis of this new differentiating indicator of health status is timely (Graham & Brass 1988). Whilst the collection of community based information and the application of the indirect methods have been the preserve of the population analysts, the design and conduct of future studies in this area should be the product of the joint endeavours of the social and health scientists.

Pregnancy wastage

The determination of the level of pregnancy wastage is not an end in itself. It should be a means to the end of designing intervention programmes for the reduction of the risk factors of such wastage. Inthe current atmosphere of global strategies, the design and execution of studies in this area should be beyond the establishment of levels and should, where health institutional support systems or community development systems permit, include elements of operations research. Such studies should be enriching to the population analysts as they monitor and evaluate the outcome of specific programmes of intervention in the communities which they study. This approach will certainly make more sense to members of the public as they see the link between population studies and changes in their lives.

Antenatal and postnatal services

The provision of services of convenient points has been shown to encourage their patronage. But in addition, there are a host of behavioural factors which also influence the adoption of these services. The study of the adoption of health services as innovation can attract a ready collaboration of researchers.

Child nutrition, growth and development

The pattern of infant and child feeding has long been identified as a major factor in the health status of children. Yet it will appear, in sub-Saharan Africa at least, that isolated elements of this relationship between nutrition and development and ultimate life chances are receiving attention of specialties. Some study the nutrition and growth, some study the behavioural morbidity. The outcome is an utter lack of synthesis that can offer a systematic and comprehensive guide to planning in this crucial area of child survival. Such isolated programmes of studies can be linked satisfactorily in a joint research agenda provided that the mechanisms

through which nutrition impacts on child morbidity and mortality becomes the central focus. That approach will, again produce a ready collaboratiton between the various interested disciplines.

Child rearing practices (socialization)

The socialization of infants and children has been shown to be a factor in the subsequent life chance and health status of such children. The role of the family and the domestic environment, and of health factors in the process can use more systematic light shed on it. The skills involved in the unravelling of this intricate matrix of factors is well beyond the capacity of either the health or the social sciences working in isolation.

Infertility and subfertility

Entry into marriage at any age is no guarantee of pregnancy. It has been shown in various fertility studies, that the level of infertility and subfertility varies from population to population. Apart from the diagnostic purposes served by such aggregated studies, it is often necessary to attend to the biosocial factors which predispose some to infertility and subfertility. This need calls attention to indepth analysis of social and behavioural factors in given communities in much the same way as the individual cases facing physicians call for more social and behavioural information than physiological fact of their infertility and subfertility.

One framework within which management of infertility and subfertility might find a wholesome environment is in family planning programmes. Such an approach will place the family planning programme in the wider context of reproductive health and might make some of its messages more meaningful than had hitherto been the case with population control minded progammes. The design of the mix within each programme will, of course, be in response to the degree to which these reproductive health problems are serious of critical issues in the given community.

SECTION VI: INSTITUTIONAL FRAMEWORKS

The very process of determining a joint research agenda will to some extent depend on, and suffer from the inadequacies of the existing frameworks and partigms with which the different scientists are working. There are two possible solutions to the dilema. One is to expect some generousity on the part of all concerned to make the attitudinal and institutional adjustments needed. Another approach is for various external and internal forces brought to bear on reforming the institutional framework and paradigms.

The major issues that should be considered before deciding on the choice or mix of approaches are related (a) to the degree of collaboration existing between academic, commercial and planning institutions in the sub-Saharan region; (b) the operation of the policy making process and its relationship with the aforementioned collaboration; (c) the atrophy of various academic curricula in the social and health sciences; (d) the opportunities for further training or retraining of academic and planning staff; (e) the setting of standards for external relations in both matters for academic excellence and policy relevance; and (f) the management of the process and output of research in its various "hard" and "soft" forms - books, working papers, journals etc. It is to these issues that we now turn.

Collaboration between academic and other institutions

The poor communication between the academic community and other commercial and government establishments is a major factor in the isolationism characterising the activities of universities in most of sub-Saharan African. The history of that isolationism is not the main issue here. Far more significant is the

impact it has on the narrow setting of personalised research agendas aimed, most often, at the rapid academic progress of the researcher than the tailoring of studies to the skill and competence of single individuals rule out the need or opportunities for collaborative work.

Most African governments during and after colonial administrations have not in any real sense been accountable to the public. This situation produces public management by fiat. The formulation of societal problems in election or coup speeches become ends in themselves. In effect, there is no pressure on governments to find solutions or to adopt methods of solving problems that are patently justified by studies of the problems.

Not all the blame is with the university community or with governments. The public, at times, out of ignorance or self interest is prepared to tolerate some of the ommissions of governments out of other social considerations such as the ethnicity of individuals or regimes.

Policy-making processes

One outcome of the poor communication between governments and the university community is that, even when government reproductive health programmes obviously require the participation of the university community, such participation is recruited from very subjective viewpoints such as who know who, the ethnic or political affiliation of researchers and rarely on the basis of pooling of resources to address a joint purpose. In such a policy making process, the role of systematic investigation of phenomena can be distorted. It is for this reason, that external stimili are often required in the form of global programmes or external funding of priority research, if policy making process is to follow a patently rational sequence.

Static academic curricula

Given the comments made earlier on the intellectual role played by some global theories in the curriculum research activities of the social and health sciences, it is hardly worth elaborating the static or deteriorating nature of most academic programmes in African universities. This atrophy results at times from the lack of resources for embarking on change. It is at times, a product of the loyalty of researchers to "universal" values and theories at the expense of integrating the local values and theories into the universal. The uncritical repetition of existing theories is often easier than a dynamic review of new evidence and its relationship to theory. The outcome is the perpetuation of outmoded approaches in teaching and research (see Caldwell 1985, p.45 & 58).

A likely cause of the rustiness of academic programmes may also be traced to the varying rustiness of different cohorts of academic staff. The corrosion of academic exellence takes various insidious forms. Over time, contact is lost with the literature. Readings are unavailable in university libraries because of the stinted support received from governments. And, to be frank, in some cases, the objective of career advancemnt can often be served through other methods than by the pursuit of professional excellence. Under such circumstances, the need for reviewing curricula or making them more sensitive to programme needs is often not perceived.

Training and Retraining opportunities

Next to the role played by access to literature in the regular evolution of teaching programmes and research agendas is the opportunity open to both academic and planning staff in sub-Saharan African countries to have additional training beyond the postgraduate level. In most cases, the return from a period of postgraduate training marks a final stop to any intellectual maturity of the social or health scientist. Some of the promise and excellence of work done in well equipped and supportive environment become impossible to realise in the local situation. The outcome is that the flexibility in conceptualisation and thinking that forms the bedrock of collaborative research is lost. In effect, survival of academic careers tends to be strongly rooted

in perpetuating the conventional wisdom in one's own discipline than in taking on the uncertainties of collaborative research with its demand for innovative thinking and new approaches to topics and subjects of research.

Universality of academic standards

In the preceding discussion, it has been made clear that academic endeavour should be locally relevant and that most of the issues facing population and reproductive health will be rooted in and related to local perceptions. But that does not imply that one is advocating a lowering of standards of scientific enquiry. It is for the very reasons that collaboration across disciplines call for innovative approaches, that an eye must be kept on universally set standards. Poorly done collaborative research cannot, and should not, be a subtitute for excellent studies by specialists. Care has to be taken, however, that double standards are not set in the name of externally determined academic standards. Ideally, the setting of such standards imply a greater contact between African researchers and their colleagues in other parts of the developed and the developing world. Such contacts are particularly indicated in the area of population and reproductive health, where for example, the mortality and fertility transition experiences of Latin American countries may have more relevance for African countries than western European paradigms.

Management or process and output research

Changes are also needed in the management of both the process and output of research on population and reproductive health. When topics of research cut accross formal boundaries between disciplines or demand the integration of different methodologies, management problems are raised in both the process of research design and implementation. The reconciliation of basic concepts may also test the intellectual and practical skills of the collaborators. At the end of data gathering and analysis, the reporting of such research may face the difficulties of dissemination. On the other hand, there are the conventional outlets of academic journals. And on the other hand, there is the policy making audience that is better addressed through a different medium. Consequently, the provision of management skills in both the design and execution of joint research and in the appropriate dissemination of the information, becomes criticial in institutional strengthening.

Whilst the skills for the management of research processes will gradually be built up as attempts are made at executing joint research agendas, there appears to be a need for some intervention in the improvement of the management of output of research. Some careful coupling of researchers, for the mix of experience, can facilitate collaborative research. So also can a careful delimitation of research agendas. But the location and control of the academic outlets for research results is currently lopsided. It may be that the problem is partly financial and that the funding of publication costs as a vital aspect of research proposals may redress the inbalance between sub-Saharan Africa and the rest of the world. But part of the problem is also administrative. Repeated attemps at starting journals in the region have had varying degrees of success. The lack of support staff for the acutal editorial tasks will appear to have been the major obstacle to success. In effect, a more careful conceptualization of publication outlets and a more generous funding of the necessary support staff may be the only way out of the dilema.

Turning to the wider dissemination of the results of research, the problem is far more complex. Much experience is needed on the part of researchers before they can translate their findings into the language and form that is meaningful to the wider audience involved in the policy formulation processes. In addition, the appropriate fora such dissemination of information are not easy to determine. The sensitivity of regimes, the control of mass media and the changing priorities of planners often make the choice of fora difficult.

There is, however, a platform that has served some useful purposes in the past. This the gathering of researchers and planners into well thought out and executed workshops and seminars. I add "well throught out and executed" because there is a noticeable seminar funding fatigue on the part of some donor agencies. I can understand that it is extremely difficult to quantify the outcome of these gatherings. I can also understand that with reliance on widely scattered consultants and experts the cost of such gathering may be disproportionate to the expected outcome. But, there is an immediacy about such gathering that make them

ideal for addressing the complex issues that have been raised in discussing the joint agenda of population studies and reproductive health. The gatherings can, and should bring persons of varied experiences together. It should provide an opportunity for exchanging the very latest information of work being done and policies being contemplated. That it does not often do these cannot be wholy blamed on the medium itself but on the degree of preparedness that go into the conduct of the seminars.

CONCLUDING REMARKS: DONOR ROLES IN INSTITUTIONAL BUILDING

Arising from the circumstances that created the less the optimal relationship between population studies and reproductive health issues spelt out in the opening sections of this paper and mindful of the malfunctioning of the research and policy outcomes of that relationship, a number of potential donor roles and attitudes can be identified in response to specific circumstances which produce a weakening of the institutional capacity of the region.

Where rapid population control is not the immediate issue

In countries where the preoccupation is with sub-fertility or with the degradation of the environment, it may not be easy to forge a link between population control studies and the reproductive health field. In contrast, the enhancement of the quality of the environment through population growth management and the adoption of appropriate reproductive health strategies will be more suitable to such conditions.

Where MCH is the main concern

Where a link between rapid population growth and the quality of maternal and child health is the more discernible problems, it should be feasible to embark on reproductive health approaches in suggesting ways of reversing the trend. The established relationships between high fertility and poor maternal and child health status offers a logical starting point for the introduction of population control programmes.

Where funding of research is a difficult taks

The ability of a country to pursue research agendas depends on the level of funding which could be spared from other pressing problems. Where funding is low, the neglect of research is not necessarily one of desire but of possibilities. In such situations, it is desirable to create an external capacity for funding research agenda mutually agreed between the indigenes and the funding agencies.

Where shortage of manpower is the problem

In spite of the rapid progress that has been made in the expansion of medical and demographic manpower training in the region, the distribution of the available manpower for population and reproductive health related research and programmes is somewhat uneven. Consequently, there are sub-regions in which the shortage of manpower constitute a major constraint on the advancement of progress in the development and execution of research and programmes. In such situations, the support of training, as part of integrated institutional development, may offer donor agencies the best long-term returns. Unfortunately, it is exactly in such a situation that the initial diagnosis and facilitation of proposals may have to be done by, or in collaboration with outside experts. A judicious use of African experts across subregions and language divides may allow a democratisation of the proposal development process.

Where language is effective basis for isolationism

The language barrier effectively separates the setting of research agendas, the funding of research and the utilization of the outputs of such research. The outcome is that common objectives cutting across such barriers often call for a deliberate effort at the pooling of resources and the reconciliation of differences. Here

the donor agencies should bear the diversity of the colonial experiences of the region in mind the design, staffing and implementaiton of their regional programmes. Fortunately, there is a small but growing number of African researchers who have working knowledge of more than one of the major colonial languages.

Serving as clearing houses

On a positive note, the contribution of donor agencies in forging a common platform and serving as clearing houses for joint research interests and findings has been invaluable in the maturation of institutional and academic programme development and policy making processes in the region. There is, however, a need for flexibility in responding to the rapid changes which can and do occur in the institutional framework as personnel, leadership and socio-economic rationale of population and reproductive health programmes in sub-Saharan African countries are changed.

Finally, one major attitudinal change is already in progress. The very fact of this meeting is indicative of such a progress. It marks a sharp departure from the process of academic and policy making decision taking place outside the region for the region.

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LES PRIORITES DE LA RECHERCHE SUR LA POPULATION, LA SANTE ET LA REPRODUCTION HUMAINE EN AFRIQUE NOIRE

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Pour bien cerner les priorités actuelles de la recherche sur la population, la santé et la reproductio humaine en Afrique noire, il est indispensable de commencer par un bilan sommaire des activités et des problèmes de la recherche dans la région au cours des dernières décennies. Il faut aussi évidemment avoir une clair conscience des exigences et des priorités du développement économique et social en Afrique sub-saharienne.

De fait, le problème des priorités doit être abordé au quadruple plan des orientations, des conditions, des finalités et des perspectives de la recherche. C'est alors que les politiques dégagées seront relativement cohérentes et qu'elles permettront de résoudre les multiples problèmes auxquels l'Afrique noire se trouve encore confrontée.

I. LES ORIENTATIONS DE LA RECHERCHE

Entre 1960 et 1988, les orientations de la recherche ont connu en Afrique noire une évolution remarquable. Au moment des indépendances, si certains pays anglophones avaient pu organiser un ou deux recensements, il n'en restait pas moins que ces opérations suscitaient de nombreuses réserves dues à leurs conditions d'exécution.

En Afrique francophone au contraire, aucun recensement exhaustif n'avait été mené et les multiples enquêtes démographiques organisées ici et là, avaient fourni des informations limitées sur les caractéristiques démographiques des pays.

Pour tous ces pays, la priorité essentielle était la collecte de données démographiques de base qui a abouti à l'organisation par le FNUAP du Programme africain de recensements de la décennie 1970, grâce auquel de nombreux pays vont avoir la possibilité d'organiser leur premier recensement général de la population.

Jusqu'à la Conférence mondiale de la Population, organisée à Bucarest (Roumanie) en août 1974, la plupart des pays d'Afrique noire n'attacheront que peu d'importance à l'accroissement démographique comme obstacle à leur développement économique et social. Déjà, la Conférence d'Accra (1971) avait montré que ces pays mettaient plutôt l'accent sur leur développement, sur l'amélioration de la santé des populations que sur le contrôle de la fécondité. Les rapports entre la santé et la reproduction humaine retenaient l'attention essentiellement à cause des problèmes liés à la sous-fécondité et à la stérilité prévalant encore dans les pays d'Afrique centrale et dans certaines poches du continent noir.

Avec la sécheresse qui va s'abattre sur le continent au début des années 7O, puis la crise économique mondiale, les visions africaines relatives aux problèmes de population et de santé vont connaître une évolution accélérée. Du reste, cette évolution ne va pas toucher le seul continent africain, mais l'ensemble de la planète. Rapidement, le problème démographique va devenir une préoccupation pour l'ensemble des pays et des peuples et des chercheurs nationaux, de plus en plus nombreux, vont contribuer à l'évolution des mentalités dans ce domaine. Auparavant, la "peur démographique" était essentiellement inspirée par des experts étrangers; progressivement, un débat s'est instauré à l'intérieur du continent même permettant à la réflexion sur ces problèmes de gagner en crédibilité.

Les principaux domaines d'intérêt qui vont apparaître alors sont d'une part, l'utilisation des données démographiques pour les besoins du développement en général et pour une meilleure planification du développement économique et social en particulier; la fécondité et l'espacement des naissances en rapport avec la santé de la mère et de l'enfant, d'autre part.

Toutes les institutions d'aide bilatérale ou multilatérale ont dû prendre en charge ces préoccupations pour essayer de leur apporter des réponses.

Pour ce qui est de la variable démographique dans la planification et le développement, malgré les efforts qui ont été faits notamment par le FNUAP, le BIT et le PNUD, mais aussi par la Banque mondiale, l'USAID et d'autres organismes, les progrès demeurent très insuffisants. Certes, les données démographiques apparaissent partout comme un élément de base de la planification, mais les inter-relations qui existent entre les variables de population et les autres variables socio-économiques ne sont généralement pas maîtrisées.

Néanmoins, la crise qui frappe le continent a favorisé au cours des quinze dernières années l'adoption de programmes de planification familiale dans beaucoup de pays d'Afrique noire. Certes, l'objectif déclaré est d'encourager l'espacement des naissances dans le but d'améliorer la santé de la mère et de l'enfant, mais la plupart des pays ne cachent pas leur volonté de réduire par la même occasion, le rythme d'accroissement de leur population afin d'éviter une pression démographique à laquelle il leur semble difficile de faire face. Pour fonder davantage ces choix, beaucoup de pays d'Afrique noire ont accepté de participer à l'Enquête mondiale de la fécondité, qui a été suivie d'autres programmes de recherche sur la fécondité et la santé.

A ce stade, certaines remarques s'imposent. On peut relever que les efforts consentis pour la connsaissance de la taille de la population et des niveaux et déterminants de la fécondité n'ont pas été étendus à la connaissance approfondie des autres phénomènes de population, notamment la mortalité et les migrations qui constituent, pour nombre de pays, des préoccupations majeures.

On se doit de noter par ailleurs que, pour ce qui est de la baisse et de l'espacement des naissances, les actions entreprises n'ont généralement pas donné les résultats escomptés du fait d'un pragmatisme total dans la démarche et de l'absence d'activités d'élaboration de stratégie et de recherche opérationnelle, susceptibles de mieux orienter les efforts entrepris (cas Kenya, Ghana, etc.). Pourtant, dans d'autrs régions en développement, notamment en Amérique et surtout en Asie, ces activités ont permis d'obtenir des résultats significatifs dans de nombreux pays.

II. LES CONDITIONS DE LA RECHERCHE

Lorsqu'on veut définir les priorités de la recherche, onest obligé de parler aussi des conditions de cette recherche qu'il faut connaître pour maîtriser les problèmes qui se posent.

D'abord il y a la question des chercheurs qui, il y a une vingtaine d'années, étaient essentiellement des expatriés, même à l'intérieur des pays africains. Depuis lors, la formation a fait de grands progrès et de nombreux statisticiens et démographes ont été formés à Paris (CESD), Accra (RIPS), et Yaoundé (IFORD) notamment mais aussi dans des universités américaines, canadiennes, belges, françaises et autres ce qui a permis de doter les institutions nationales de collecte de données et de recherche démographique d'un personnel de haut niveau.Il faut cependant reconnaitre que ces chercheurs n'ont pu contribuer pleinement à la définition de politiques nationales mieux adaptées dans les différents domaines notamment dans ceux de la population, de la santé et à la reproduction humaine.

Malgré les déclarations officielles, la recherche n'a bénéficié, généralement, que d'un statut subalterne et des stimulants appropriés n'ont pu être accordés aux chercheurs et à leurs institutions pour les encourager à jouer un rôle plus dynamique. Dans de nombreux pays (comme le Senegal) la question du statut de chercheur n'a pu trouver encore de solution satisfaisante. Mais il est certain que le problème le plus préoccupant de tous est celui du financement qui est assuré pour l'essentiel par des bailleurs de fonds étrangers qui, volontairement ou non, imposent par cr biais leurd propres priorités. Même dans les pays où quelques moyens ont pu être mis àla disposition des chercheurs nationaux, les institutions sont organisées de telle sorte que ces derniers bénéficient d'une faible autonomie.

S'il est vrai que des efforts ont été faits dans le domaine de la démographie pour redéfinir de nombreux concepts importéset les adapter au milieu africain, il reste que l'environnement socio-culturel reste encire à appréhender et une rupture resistante peut être observée entre de nombreux programme de recherche et les politiques nationales mises en oeuvre dans les domaines correspondants.

Nombre de programmes de santé et de planification familiale piétinent parcequ'ils ignorent les résultats d'une recherche qui pourtant fait quelques avancées. La recherche opérationelle souffre tout particulièrement de cette situation.

Le "Population concil", par exemple, a entrepris de 1966 à 1974 un vaste programme international de recherche et de service sur un programm de planning familial post-partum. (cf population reports. j (31- 6-87)

De 1974 à la fin de l'exercice 86, l'USAID aurait consacré 53 millions de dollars à son programme de recherche opérationnelle articulé autour de la conception et du test de nouveaux systèmes de prestations de srevices de PF. L'OMS aussi a fait des efforts remarqués dans ce domaine depuis 1972.

Il n'empêche que jusqu'ici la recherche et les programmes africains restent confrontés à la question de savoir comment trouver les moyens de toucher les groupes nombreux qui n'ont pas accès, pour diverses raisons, aux disepensaires et hôpitaux dans lesquels ces services sont généralement disponibles.

En Afrique Noire c'est essentiellement dans des pays comme le Kenya, le Ghana, le Nigéria et le Zaïre que des études sérieuses ont pu être faites mais trop des projets sont encore trop coûteux, complexes et trop ambitieux. Même dans le cas où ces projets aboutissent à des résultats relativement simples, leur mise en oeuvre semble se heurter à de grandes difficultés. Dans le numéro 1, Volume 15, 1988 de People revue de l'IPPF, on rappelle que l'espacement des naissances et d'éducation de la mère (et donc des femmes) apparaissent de plus en plus comme des facteurs fondamentaux pour ce qui est de la survie de l'enfant (et aussi de la mère). Ces résultats avaient déjà été obtenus il y'a des décennies, de façon plus empirique mais les programmes qui en ont résulté n'ont pas atteint les objectifs espérés.

Les échecs des projets de recherche initiées dans plusieurs pays ne peuvent être attribués à une cause unique et simple, mais les faits sont la. Même quant la recherche aboutit a des résultats apparemment exploitables, de graves difficultés se dressent sur son chemin et s'opposent à sa mise en oeuvre. Toute discussion sur la recherche doit par conséquent prendre en considération cet aspect de la réalité et lui trouver des réponses pratiques et concrètes.

Dans les années 80, on a assisté à un changement radical de ton et d'accroissement démographique est considéré aujourd'hui dans beaucoup de pays et par beaucoup de chefs d'Etat comme un obstacle de taille au développement socio-économique.

Les études qui ont été faites sur les relations entre la population et les autres variables du développement (Education, Emploi, Santé, Développement Industriel, Développement agricole) semblent aller de ce sens. La maîtrise de la fécondité apparaît aujourd'hui comme une priorité et les résultats mineurs obtenus, jusqu'ici, en Afrique noire appellent évidemment à un effort plus important et plus systématique de rehcerche, notamment de recherche opérationnelle sur les problèmes de santé et de maîtrise de la fécondité. Les orientations générales des programmes, leur mise en oeuvre comme leur volet Information/éducation/communication devront être revues et adaptées aux réalités du milieu. Sous ce rapport, le recours à des agents sanitaires, à des tradithépeutes et autres accoucheuses traditionnelles effectivemeny formés à cet effet apparaît aujourd'hui comme une nécessité dans beaucoup des pays car l'intégration de la médecine traditionnelle et de la médecine moderne peut offrir de grandes perspectives de solution de la crise du système sanitaire.

Toutefois pour ouvrir des perspectives nouvelles à la recherche sur les problèmes de population et de santé en Afrique Noire, il est indispensable qu'une véritable prise de conscience se fasse et que les Etats se décident à rompre avec les politiques de complaisance auxquelles il se sont habitués etqui ne peuvent donner de résultats sérieux.

L'urbanisation du continent qui reste par bien des aspects un phénomène positif contribuant à la modernisation du pays et à l'évolution des mentalités risque de se présenter, comme c'est déjà le cas dans certaines grandes villes, comme un phénomène négatif au plan de la santé publique. Les études Philip Antoine sur Abidjan ont bien illustré ce phénomène. Les villes peuvent même dans certains cas présenter des niveaux d fécondité supérieurs aux campagnes.

C'est dire que la recherche sera, à l'avenir, d'une grande importance pur le continent noir à l'heure où malheureusement, les ressoruces consacrées à cette recherche se font encore plus rares et alors que même les institutions inter-états, conçues au départ comme des systèmes plus efficaces et plus économiques de recherche, manquent cruellement de fonds faute de cotisations régulières des Etas membres. (ex : Institut du Sahel - BAMAKO).

En Afrique, les aspects psycho-sociologiques des rpoblèmes de santé et de reproduction humaine ont été longtemps négligés alors qu'il jouent un rôle essentiel et qu'aucun succès n'est possible sans une bonne connaissance des attitudes réelles des populations et de leurs valeurs culturelles dans ces différents domaines.

Certes depuis une ou deux décennies, des efforts ont été entrepris dans de nombreux pays qui ont mis en place des unités de Population et autres Commissions Nationales de Population spécialisées dans le suivi des questions de démographie et de développement mais il reste à les doter de moyens humains et matériels adéquats et à les orienter convenablement.

Une intégration réelle de la variable Population dans la planification et le développement ne peut être obtenue qu'à ces conditions et elle continue d'être une exigence incontournable dans les pays d'Afrique Noire ; de même qu'on doit rechercher les différents moyens d'accéler, en milieu africain, la prise de conscience des femmes par rapport aux probles de santé et de reproduction.

Pourtant depuis le début des années 80, la "peur démographique" qui s'est surtout orientée vers le continent noir a été de plus en plus perturbée par un phénomène de la plus haute gravité à savoir le SIDA qui correspond à la crise de santé publique la plus grave des temps modernes.

Le Soleil (quotidient sénégalais) du 3 août 88 signale que selon l'OMS au 31-07-88 il y avait officiellement 100 410 cans dans le monde dont près de 75 000 en Amérique du Nord, 12 500 en Europe et 11 753 en Afrique. En réalité on sait l'importance de cette pandémie est très sous estimée sur le continent noir. En août 1986 il n'avait que 29 000 cas notifiés à l'OMS au niveau mondial. En Afrique il y aurait selon les estimations plusieurs millions de personnes infectées (plus 5 millions de séro-positifs) et la presse a parlé (cf le Monde) d'un continent en danger de mort. On sait, en tout cas, que la maladie se diffuse très rapidement en milieu africain où elle se transmet aussi par les relations hétérosexuelles, par les séringues non stérilisées et autres scarifications rituelles en plus des transmissions de la mère au nouveau-né et autres modes plus fréquentes en Occident.

C'est dire que la crise démographique africaine jusqu'ici considérée comme une crise de surpopulation pourrait dans certains pays prendre l'allure d'un dépeuplement si aucun remède et aucune prévention efficaces et effectifs ne sont trouvés contre cette maladie.

Certes dans ce domaine, les recherches sont déjà nombreuses et des moyens colossaux ont été dégagés, il n'en reste pas moins que le problème reste entier et qu'il pésera de tout son poids sur les perspectives de population et de santé.

Finalement toutes ces préoccupations peuvent et doivent être prises en compte par une approche globale et intégré de ces problèmes de Population, de santé et de reproduction humaine.

En Afrique noire, l'accroissement démographique rapide était associé à des formes déterminées de nuptialité et à des types déterminés de sexaulité. Les grossesses rapprochées, les maladies sexuellement transmissibles et d'autres facteurs négatifs se sont développés dans ce contexte caractérisé par ailleurs par une fécondité généralement élévée.

Mais avec le SIDA et son mode de transmission rapide, il est devenu indispensable pour ces pays de changer de mode de vie. La diffusion des méthodes de planification familiale (e plus particulièrement du CONDOM) peut y contribuer puissamment. C'est dire que des conditions favorables existent aujourd'hui pour l'adaptation et la diffusion de programmes nouveaux d'éducation sexuelle, de maîtrise de la fécondité et de prévention des MST et du SIDA.

Mais de tels programmes risquent de ne pas aboutir aux résultats escomptés si la recherche opérationnelle ne connaît pas un développement important dans la région.

L'augmentation de l'impact et de spotentialités des programmes de planification familiale actuellement mis en oeuvre ne peut se faire que si des réponses satisfaisantes et pratiquables sont apportées à des questions telles que celles de savoir comment augmenter le niveau d'emploi des produits contraceptifs; comment obtenir une participation féminine et populaire active dans la mise en oeuvre de ces progmes ; comment améliorer la qualité des services fournis aux populations ; comment enfin résuire les coûts de ces services pour les clients dans le contexte des politiques d'ajustement structurels qui préconisent le désangagement de l'Etat des circuits socio-économiques majeurs.

D'ores et déjà il apparaît que ces problèmes ne doivent plus concerner l'Etat suelement mais que les communautés de base ont leur mot à dire et qu'elles doivent avoir la possibilité de prendre en main leur propre programme et d'en assurer la mise en oeuvre.

En fin de compte, il faut prendre conscience du fait que dans le mode négro africain : Fécondité/Mortalité/Morbidité et Migrations consitituent souvent un complexe de phénomènes interdépendants qu'il est difficile de dissocier de façon artificielle.

La recherche sur la population et la reproduction humaine qui a toujours été considéré comme une nécessité en Afrique Noire, doit désormais se traduire par des activités plus nombreuses et plus novatrices orientées vers la solution des problèmes auxquels le continent est confronté et qui constituent quoiqu'on veuille une grave menace pour son avenir.

Trois axes de recherche nous parraient alors essentiels :

1. L'étude empirique des relations entre la population, la santé, et le développement en Afrique Noire et la définition de méthodologies et de concepts adaptés au milieu.

2. L'intégration systématique de la variable population dans tous les aspect de la planification à court moyen et long terme du développement.

3. La recherche opérationnelle pour le succès des programmes de population, santé et reproduction humaine adoptés pour résoudre les problèmes identifiés.

Dans ces différents domaines les aspects suivants devront faire l'objet d'une attention toute particulière:

1. La promotion des femmes et leur pleine participation à la vie de la société.

2. La définition de stratégies éfficaces d'information, éducation, et communication.

3. La mise en place de programmes globaux de lutte contre les maladies sexuellement transmissibles et le SIDA et de maîtrise de la fécondité.

EN CONCLUSION

Il apparaît en fin de compte que c'est paradoxalement le cotinent qui a le plus besoin de développer la recherche pour améliorer le bien-être de ses populations qui est le plus démuni dans ce domaine.

L'assistance internationale qui a été relativement généreuse vers l'Afrique noire n'est cependant pas capable de répondre aux questions essentielles qui se posent dans la mesure où elle cerne difficilement les véritables priorités et ne trouve pas dans les pays mêmes des institutions suffisamment organisées et dynamiques pour définir des politiques nationales viables.

Une certaine confusion persiste au plan conceptuel et méthodologique et l'intérêt déclaré au plan international, pour la promotion des femmes, ne trouve pas, au délà des déclarations officielles, un terrain de mise en oeuvre qui est partant la voie obligée pour que la recherche aussi bein que les politiques de population et de santé puissent connaître un grand développement.

La volonté politique des Etats, celles des communautés de chercheurs aussi bien que des producteurs et des autres catégories de la population doit s'affirmer avec force pour ouvrir enfin la voie au progrès, car quoi qu'on fasse, le salut du continent ne peut venir de l'extérieur mais il sera d'abord l'oeuvre des africains eux-mêmes.

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RESEARCH PRIORITIES FOR POPULATION AND REPRODUCTIVE HEALTH IN SUB-SAHARAN AFRICA

by

Professor KASHALA TUMBA DIONG

I. HOW DO RESEARCH PRIORITIES GET SET WITHIN AN AFRICAN INSTITUTION ?

L'école de Santé publique de l'Université de Kinshasa est une institution d'enseignement post-universitaire dans les divers domaines de la santé publique. Elle organise des enseignements d'épidémiologie et épidémiométrie, de biostatistique, d'hygiène et salubrité de l'environnement, d'administration et gestion des services de santé, de médecine communautaire, etc.

En plus de son programme de formation, l'Ecole de Santé publique de l'Université de Kinshasa est en train de promouvoir et de mettre en place une large gamme de projets de recherche dans les différents domaines d'intérêt de son corps professoral et de son personnel scientifique.

Pour ce faire, l'Ecole de Santé publique bénéficie, outre des fonds qui lui sont alloués par ses deux grands organismes de financement (gouvernement du Zaïre, Agence américaine pour le développement international), d'un soutien appréciable provenant d'autres organismes de financement, tels que Primary Health Care Operations Research (PRICOR), Technical Information on Population in the Private Sector (TIPPS), Applied Diarrhoel Disease Research (ADDR), l'Organisation mondiale de la Santé (OMS), le Fonds des Nations Unies pour l'Enfance (Unicef), etc.

Ces organes de financement déterminent et orientent en principe les aires où les différentes recherches doivent être menées compte tenu de leurs différents objectifs, l'Ecole de santé publique devenant en ce moment l'organe d'exécution, moyennant un protocole d'accord établi par les parties.

Cependant, l'Ecole de santé publique de l'Université de Kinshasa est en train de fournir de grands efforts pour financer ses projets de recherche, notamment dans ce problème en face duquel le monde entier se trouve encore aujourd'hui démuni - le SIDA. Il s'agit essentiellement des études concernant les connaissances, les attitudes et les pratiques vis-à-vis de ce syndrome.

II. WHAT ARE THE CONDITIONS AND PROBLEMS CONFRONTED BY SCHOLARS WHO ARE TRYING TO DO RESEARCH IN AFRICA AND HOW ARE THESE RELATED TO THE NATIONAL POLICY PROCESS ?

Il existe actuellement de nombreux problèmes auxquels l'Ecole de santé publique de l'Université de Kinshasa en particulier, et d'autres institutions africaines en général, sont confrontées pour implanter leurs programmes de recherche.

Parmi ces problèmes, se trouve d'abord le niveau faible de l'expertise nationale bien entraînée aux faits de la recherche scientifique. Il y a ensuite le niveau bas des fonds alloués par nos gouvernements à la recherche scientifique elle-même.

Tout aussi importants sont les moyens de diffusion des résultats de la recherche ainsi que la possibilité d'accéder aux diverses revues scientifiques qui existent à travers notre continent d'abord et le monde entier ensuite.

Au delà de ces problèmes liés à la recherche scientifique elle-même in stricto sensu, le chercheur africain en général et zaïrois en particulier n'est pas placé dans des conditions matérielles qui l'inciteraient à la recherche.

Plusieurs efforts ont été faits par nos gouvernements aidés dans ce sens par diverses organisations de coopération bi- et multi-latérale. Les résultants sont en train de se faire sentir peut-être. Ils sont cependant encore de très faible niveau.

Nous sommes persuadés et conscients qu'une conférence comme celle à laquelle nous assistons pourra se joindre aux efforts entrepris par les autres institutions pour sensibiliser nos gouvernements et nos hommes de science que, sans la recherche scientifique, le développement de notre continent se trouvera toujours hypothéqué et que sans les chercheurs nationaux soutenus dans tout le sens de ce terme, le continent africain restera encore très longtemps tributaire et donc très dépendant.

III. EXAMPLES OF RESEARCH EFFORTS THAT HAVE MADE A CONTRIBUTION TO THE NATIONAL POLICY PROCESS AND ASPECTS OF THOSE EFFORTS WHICH CONTRIBUTED TO THEIR SUCCESS

L'Ecole de santé publique de l'Université de Kinshasa bénéficie des circonstances particulières et d'une attention très soutenue, tant de la part de nos autorités politiques nationales que de la part d'un certain nombre d'organisations de coopération bi ou multilatérale.

Elle a, de ce fait, lancé une large gamme de projets de recerche dans les différents domaines d'intérêt de son corps professoral et de son personnel scientifique.

En me plaçant dans la perspective des diverses sources de financement, je pourrais citer :

3.1 Projets de recherche financés par l'OMS

3.1.1 Baselin calculation of effects of breastfeeding on lactation amenorhoea ;

3.1.2 Méthodologie simplifiée pour calculer sur une base comunautaire et enfonction du mode d'allaitement la proportion des mères exposées au risque de conception.

3.2 Projets de recherche financés par l'Unicef

3.2.1 Etude de la mortalité et de la morbidité maternelle et infantile dans la ville de Kinshasa ;

3.2.2 Etude de la mortalité et de la morbidité maternelle et infantile dans les diverses villes du Zaïre.

3.3 Projets de recherche financés par TIPPS

3.3.1 Etude coût-bénéfice d'un service des naissances désirables dans une grande compagnie textile de Kinshasa (UTEXAFRICA) ;

3.3.2 Etude coût-bénéfice d'un service des naissances désirables dans une grande banque commerciale de Kinshasa (BCZ) ;

3.3.3 Etude coût-bénéfice d'un service des naissances désirables dans une grande entreprise agricole du Zaïre (PLZ).

3.4 **Projets de recherche financés par PRICOR**

3.4.1 Etude de l'auto-financement des services de santé primaire par les communautés locales ;

3.4.2 Analyse systémique de quatre interventions-clés dans les soins de santé primaire (immunisation, TRO, traitement malaria, surveillance de la croissance) ;

3.4.3 Etudes de suivi, basées sur les problèmes identifiés lors de l'analyse systémique.

3.5 **Projets de recherche financés par ADDR**

Etude rétrospective (cas-témoins) des enfants dont la shigellose a été confirmée par le laboratoire et évaluation des facteurs spécifiques associés à sa transmission dans la ville de Kinshasa.

3.6 **Projets de recherche financés par l'E.S.P**

3.6.1 Etude SIDA/CAP de 150 cas consécutifs de patients séropositifs au HIV aux Cliniques universitaires de Kinshasa ;

3.6.2 Etude d'un modèle mathématique prédictif des tendances sur le SIDA en ce qui concerne la séro-incidence et la séroprévalence HIV compte tenu de la population et de sa structure ;

3.6.3 Etude SIDA/CAP auprès du personnel de santé de la ville de Kinshasa et à travers toute la République du Zaïre;

3.6.4 Etude SIDA/CAP auprès des étudiants de l'Université de Kinshasa ;

3.6.5 Etude SIDA/HIV/Séroprévalence et facteurs associés aux activités sexuelles et les connaissances sur le SIDA ;

3.6.6 Etude de la surveillance de la croissance comme une stratégie de la survie de l'enfant.

3.7 **Projets de recherche financés par Population Council et Westinghouse Public Applied Systems**

3.7.1 The contraceptive survey in Zaïre ;

3.7.2 Tulate University Family Planning Operations Research Project in Zaïre.

IV. DO AFRICAN INSTITUTIONS REWARD OR ENCOURAGE RESEARCHERS ?

Les intitutions africaines sont prêtes à encourager et à récompenser nos chercheurs. Je citerai comme exemples un certain nombre de prix instaurés par nos gouvernements pour récompenser ceux qui se seraient distingués dans la recherche. Je citerai aussi un certain nombre d'institutions mises en place par les chercheurs africains et encouragées par un certain nombre de nos gouvernements.

Ces diverses institutions sont encore au début de leur existence. Elles éprouvent encore des difficultés pour leur installation et leur affirmation.

Nous sommes convaincus et le souhaitons vivement que lorsqu'elles auront dépassé le cap de leur balbutiement, elles pourront se consacrer au rôle combien louable qui leur a été assigné par les chercheurs africains eux-mêmes d'abord et par nos divers gouvernements ensuite.

V. ARE THERE FUNDING PROBLEMS CREATED BY CHANGES IN RESEARCH PRIORITIES BY DONOR AGENCIES ?

Les agences de financement déterminent et orientent les aires où les différentes recherches doivent être menées compte tenu des objectifs poursuivis par elles. Ce sont elles également qui déterminent le volume de ressources allouées à cette recherche et le temps durant lequel la recherche doit se dérouler.

Cette situation met le chercheur africain dans une situation de dépendance que nous ne pouvons que déplorer. Par ailleurs, le chercheur africain se trouve ainsi orienté vers un domaine qui n'est probablement pas prioritaire pour lui et il ne peut pas faire autrement puisque sinon il risque de ne rien faire.

S'il pouvait nous être permis dans un forum aussi soucieux de la promotion de la recherche en Afrique, c'est de pouvoir demander aux différentes agences de financement d'identifier les différents chercheurs africains et leurs centres d'intérêts et formuler avec eux des projets de recherche qui pourraient leur être présentés pour solliciter un financement.

Une telle situation, outre qu'elle mettrait le chercheur lui même en confiance, permettrait à l'agence de financement de se sentir utile puisqu'elle aura contribué à la solution d'un problème qui aurait été ressenti comme tel réellement par les intéressés eux-mêmes.

VI. WHAT ACTIVITIES WOULD STRENGTHEN RESEARCH IN AFRICA ?

L'Afrique dispose actuellement d'une expertise au fait de la recherche pratiquement dans les différents domaines de la vie et de l'existence. Cette expertise comprend ceux qui sont détenteurs de diplômes leur conférant la capacité et la capabilité dans le domaine de la recherche et de l'enseignement. Il faut y inclure ceux qui sont en train de se former dans ces différents domaines.

Pour toute cette expertise, il faudrait qu'il existe un cadre où elle pourrait évoluer sans trop de préoccupations matérielles. Il faudrait aussi qu'elle accède à l'information pouvant lui permettre de consolider sa recherche ainsi qu'à des échanges de points de vue dans des revues scientifiques et dans des forums scientifiques où qu'ils puissent se réaliser.

Comme le disait un grand philosophe "j'existe parce que je co-existe", nous pourrons aussi affirmer que le scientifique africain ne pourra se considérer comme tel que dans la mesure où son expérience dépassera les seules limites égocentrées et égocentriques.

DONORS' MEETING

SUMMARY BY FRED T. SAI

The honor to present a summary of this rather complex meeting is appreciated. I hope I live up to your expectations.

This morning's discussion and that of late yesterday afternoon drew together much of what we wanted out of this meeting. The title of the meeting is "Donors' meeting on Institutional Development in Population and Reproductive Health". It has lasted two days and a half. It seems to me that it has generated very high expectations and equally high responses. The donors have shown remarkable interest, not only in the numbers in which they have attended - I am told about twenty donor agencies have been represented - but also in the level and quality of the representation. In my opinion and that of others, as expressed around the table, the title is not truly reflective of what it is we have been trying to achieve. A title like "Efforts to Strengthen Institutions Mainly Dealing with Behavioral and Social Aspects of Population and Reproductive Health, might have reflected more clearly what it was we wanted to deal with. There was nothing about biological and truly medical issues very much in the discussions.

Who has been at the meeting? We have donor representatives, institute directors or other representatives of institutes, African experts in population and in reproductive health, African policy-makers and administrators from institutions, as well as a few from governments. At times some of the Africans were speaking with different hats since they represent in their individual persons more than one of the areas that I have mentioned.

What were the objectives and expectations of the meeting? We came to examine the current status and identify support needs of the institutions that are working in population and the social and behavioral sciences aspects of reproductive health in Sub-Saharan Africa; and I believe we were trying to identify strategies which will make these institutions gain and maintain donors' support as needed to ensure their continued growth and development; and to help them increase their ability to fulfill their missions of training, research and technical assistance to their countries and the region. We have also felt it necessary to identify areas and efforts which would help them work towards more sustainable existence.

At times, initially, we discussed as if we were dealing with a homogenous situation when we talked about institutes and institutions. As we went on with the discussions, it became clearer that we were aware of the heterogeneity of the institutes and institutions that we were dealing with. These include demographic or population institutions or institutes which can be called free-standing or self-standing; others are complete institutes in themselves but attached to universities, and several are departments of social sciences or faculties of medicine teaching or addressing population and reproductive health issues. What we omitted, to the disappointment of some participants, are various units in government which are carrying heavy loads of training and of data collection; units such as the bureaux of census, offices of statistics, or small government departments for vital statistics and vital registration, as well as those working on family planning and health care delivery which are vital to the areas of planning and evaluation. We hardly mentioned medical faculties. In addition to this, we omitted from our discussions some important disciplinary areas. Management was mentioned as a major omission deliberately; perhaps because it would probably take a lot more time than was available. A very serious omission, in view of current happenings in Africa, is the areas of information, education and communication. Perhaps that could have received a little more attention.

But what were our primary interests and concern? These were with the higher level institutions that carry out research, training and develop manpower for leadership, planning and technical assistance. These institutions should provide input into policy development through helping to define and diagnose the population and health problems more clearly, helping to set priorities, assisting with development of policies and their implementation and with evaluation. Although, at times, we concentrated more on the research area than on the training area, it was my feeling that we recognized that in this field as in many other fields, training of really high-level manpower cannot be achieved adequately without the institutions being engaged in high-level research; or actually teaching through research.

Our method of working, which came in for some criticism this morning, depended on presentations and discussions of background documentation from institutions, African experts had some papers from donor agencies. From all of these we got a richness of information and guidance into:

i) the historical development of population activities within the region;

ii) the needs of the region;

iii) the development of institutions and their current status and problems;

iv) the support needs of some of these institutions and their sub-regions; and

v) approaches that have been made by some institutions to gain support and make for some sustainable existence.

I could not help reflecting that is must be a little bit of a disappointment to a man like John Caldwell and to some of us here looking at the recent development of these institutions in Africa that their development seems to have peaked before they have really matured, and they have started going down rapidly of late.

We examined briefly the population and reproductive health needs of the subcontinent. There was brief mention of some of the descriptive features of the problems that we were having to deal with: the high population growth rate of 3 percent was mentioned; the very high although slightly declining infant mortality rate of over 100 per 1,000 live births; and the high mortality of childhood. Lately some of us in The World Bank and World Health Organization have been worried that adequate attention has not been paid to adult mortality and morbidity and of healthful life and economic and productivity losses through adult illness and adult mortality. Somebody made mention of the current concentration on maternal mortality and the fact that it has displaced infant and childhood mortality from the international scene to a large extent. I am not sure that "displaced" is the right word. I think the effort is to create some kind of balance. The international position is that infant mortality and young child mortality are a challenge to which we have got some answers, and therefore they should receive priority. Maternal mortality is in some ways an even greater and more unacceptable challenge. In some ways, it is easier to handle, and within our resources we ought to be able to do better with maternal mortality. It is time those dealing with child survival looked at maternal mortality as an issue of interest to child survival activities. Some of the statements about the woman's role within the home and the woman's role in health support this line of argument. We did not go too much into young child mortality although it is also high. These, together with a high fertility rate, give us a population structure which exposes various problems clearly. We did not discuss these but we know they exist. As if there were not enough problems in the population field in African in recent years, we have been hit by AIDS. The epidemic in Central and Eastern Africa seems to be very extensive and growing in intensity. Given our limited capabilities for dealing with many communicable diseases and other health problems, AIDS puts us in danger of distorting very much our future planning in health and putting a break on economic progress in some countries.

Some responses have been made in addressing some of these issues, but these have been mostly inadequate. There have been some programs in population. But even when population policies have been articulated and well enunciated, they have not been translated into programs of any consequence that really impact on the problems identified. Why the rhetoric and the implementation are so dissonant is a major issue

which needs to be put on the agenda of some of the institutions represented here. The same thing can be said of health policies and health programs. A major research challenge is the behavioral component of why programs are not working. Can we find out the determinants of fertility, gender roles in decision making and how to include these in program planning?

The record of the institutes and institutions came in for some examination. In the main, their manpower output has been successful. Most of those trained, however, have not remained to work in the fields in which they have been trained but have moved laterally or vertically into other fields. Nobody mentioned whether any of them had gone into politics directly since some felt a direct political connection would be useful to institutes and their success. There is no doubt that some institutes' leaders were very highly connected politically and such connections made their institutes very acceptable to government. Given the half life of some African political leaders, getting too close to politicians may not serve the better and long-term sustainable interest of institutions however. Local realities should determine directors' relationships.

Research output has been limited. It has been fairly reasonable on the what is happening type of research; describing the situation. But why what is happening is happening and how the findings can be used in programs are major research possibilities that should face the institutions. This type of research can only be done in Africa, by Africans and rather special non-Africans. As part of the world, it should be clear that the world body of knowledge in these fields will be incomplete without knowledge about Africa. Africa is still a black box in many areas of knowledge. It should not continue to be a black box in the chain of world events in this field. Research in this particular area needs sensitivity and it needs to be very locale specific. It is of crucial importance to add that developments in these fields are crying out for attention, and it is Africans who have to do the work. Hopefully, when the needs are analyzed the support of friendly donors will be available.

We went on to discuss the research needs and strategies for setting the research agenda. There were many general, as well as specific issues presented but I do not believe that it will be of value to you at this stage for me to go through all of these in detail. A few examples will suffice. Among the general issues there is strong feeling that we need to do more about the relationship between population and health, that we need to do more about integration of population variables in development. These are badly needed for programs and projects in both health and population. We also need operational research in this area. Among the specific issues, I believe women's roles and status will be number one among subject mentioned; it was stressed by several. Some issues like age at marriage, or age at first child bearing and consequences of excessive fertility were emphasized. Some specific issues considered of great importance to I.E. & C. programs are sexual behavior and practice, especially male sexual behavior and contraceptive use and family size decision-making. If the group feels that some of these ideas should be made more explicity this can be done in an expanded version of this summary.

Now setting of the research agenda priorities is very problematic without an assured source of support, particularly with no strings, or not too many strings. We have to set the research agendas taking into consideration global priorities sometimes. But they should not overwhelm us. The institutions should be prepared to join in global research, like the WFS, but they should be selective and not be stampeded by money into distorting local needs and priorities. Institutions are a part of the total national scholarship assembled for development work. As the academic resource they should be ready to help develop project proposals. They should demonstrate how to analyze problems according to a set protocol and help with pilot projects. Care must be taken in relationships with government. Problems of staff "seduction" can create major tensions.

Then we have donor related contracts based on their ow agendas. Although donors may be bringing money, and some short-term gains like computers and typewriters, they could also produce situations capable of distorting internal structural relationships and priorities. Government demand contracts are another area which, while they need to be supported, may also be capable of distorting internal relationships and internal priorities within institutions. All these forces need to be handled skillfully. There is a need for institutions, however small, to take a careful look at all of these streams when discussing their own priorities so that they do not find themselves working outside of the main stream of international and national level research, and in the end

becoming irrelevant to the needs as perceived by their governments and their colleagues. Harmonization of internal institute programs, government requests, and donor-generated tasks should be the aim of good strategies.

As was made clear, especially in university-type institutions, they have got their own formal processes for setting their research priorities. We plead that they do not isolate themselves to such an extent that they become irrelevant and find themselves unable to attract support. Many of the universities in the region with which we are dealing are state-owned universities, fully paid for by governments. The government that set them up had some reason for setting them up and it is necessary for them at least to show that they appreciate their role in national development while pursuing academic excellence and the quest for knowledge for its own sake.

We went on to discuss briefly some of the burning problems of the institutions as we see them today. Manpower for the institutions themselves ranks as number one. Although quite a lot of high-level manpower has been trained in the past, some of this manpower has had to leave Africa or has had to leave the jobs they were trained for, obtain MBA's and other degrees and go into business to make their home economics a little more satisfactory. The "brain-drain" overseas is perhaps the most serious manpower problem. Frequently it is some of our very best students and trainers who get attracted overseas; and by overseas this time I am referring not to overseas "other African" countries but overseas-overseas.

The second problem is lack of security of funding. The global economic depression which hit in the mid-nineteen seventies seems still to be used as an excuse for saying that support is drying or has dried up. We know that things have recovered reasonably well in the most industrialized countries. So it should be possible to attract more outside funds. The local economies are a different issue. The debt situation, poor commodity prices and shrinking government revenues generally are helping in drying up local support. It is tougher to get local support now than it has been in the past. In looking at our own field we must not be insensitive to the fact that this is a generalized phenomenon throughout the countries. In trying to seek help locally we want to be sure that we do not put our case in such a way as to make ourselves enemies of other groups with whom we should be cooperating. In these circumstances, institutions should try and get more outside support.

The ability to gain more donor support for institutes will depend, to a certain extent, on some questions which have not been raised and therefore have not been addressed. One of these questions is whether support today is more cost-effective for other population intervention activities rather than research and training; can these activities go on and be sustainable if we do not carry out research and training?

The second question is whether institutes' support is the best way to assure the production of really needed research or whether there are other ways in which the research can be done.

The third question is whether the institutions have really convinced the funding sources of their capabilities and their viability.

Another area of need which has been discussed fairly extensively is what one may call physical resources. Under these I include physical plant, library and equipment; which will include computers. For some institutions there are small needs which have not been mentioned, such as ordinary paper for typing or photocopying.

How have the institutions been positioning themselves for attracting funds and how should they do it? I think they should try to do it by demonstrating their relevance to the needs and realities of their countries and of their sub-regions, in the case of those dealing with sub-regions. Again I repeat that in saying this, I do not mean to urge institutions to compromise with their university ideals and ideas. There is room for attempting both. They should try to have an active interaction with donors. Active interaction means non-confrontational interaction. They should try to have active interaction with other institutions in related disciplines within their universities and other parts of government that are also doing similar work.

We mentioned offices of statistics and other government agencies. Institutions should try to develop research projects and programs in consultation with our peers, with governments and with donors. They should remember that without asking for support for the institutions it is still possible to ask for research and training support as components of projects of governments and others.

Now, what has been or should be donors' responses? There is a need for donors to recognize the pluralism of the animal they are dealing with; that these institutions are very heterogenous; that they need to be heterogenous because of the size of problems they are dealing with; of the variety of countries and situations they are within and the variety of individuals that are leading them. The donors need to make known the areas and types of support that they can give and the constraints to these supports. Some of these constraints were presented this morning. They should also make known the size of support that they can give. Developing proposals in the millions for a 5-year period when a donor cannot support it can be depressing. They should be prepared to join in discussing strategies; be ready to discuss and not to dictate; to advise and not be authoritarian. It is necessary to appreciate the long-term needs, that human resource development is a long-term investment. It is risky, and diagnosing the future is not very easy. They should be prepared to be coordinated and led by the local people into the needs that they are helping to address.

I believe we came to many of these conclusions this morning. Luckily while you were dancing and I was trying to gather my thoughts, I put some of these issues down without knowing that they were going to be discussed this morning and I was ready to start my statement by saying that I was going to reflect to you what you have discussed, or what you ought to have thought if you were really interested. I find that I do not need to make that kind of an excuse any more, that from yesterday evening and this morning you have discussed all of those areas that I have reflected on and you have even reflected on the next one which I really was hoping you would not touch upon, so I can spring it on you but the chairman did and this is, "Where do we go from here?"

The meeting has been fine and, as you hear, many are enthusiastic about it. Like all meetings, in some ways it is also like playing tennis. There is a set time which is the make or break, which decides whether or not one is going to win or loose. That time came to us at about 3 o'clock yesterday afternoon. We moved in the right direction and what happened this morning shows that this meeting has been worthwhile. A question was thrown as to whether we should repeat and how often. I think the answer to repeating is yes, we should repeat. "How often?" We will discuss and then find out how often. But this should not subsume the need for other meetings. Meetings at sub-regional levels should be considered if intergroup and intercountry networking is to be a reality. There may be need for some countries to hold country level meetings with the donors. A country like Nigeria, which could easily be twenty other countries in Africa, deserves its own meeting. This sort of country level meeting will be endlessly enriched if they open their doors, not only to their own citizens, but through some of the donors to outsiders who could benefit. I am suggesting that there may be a need for donor group meetings too. Donors can meet on either special disciplinary interest or
special country interest. They may invite specialists from selected countries to come and meet with them. This is not a ganging up against any country's interest; it is trying to analyze things from another perspective.

I would like to suggest that if this type of meeting is to be held again it should try to choose just one topic and discuss that topic in detail rather than doing what we did this time. There is a need for better understanding of what the donors can and cannot do and I will suggest that after this meeting, some efforts be made to prepare a donor's grid; so we have the donor, the countries, the activities, what they can and cannot support and the precise level of support that they can give.

A suggestion which came up and which has not been taken up is that of updating and extending the inventory of activities. I would add that some of your institutions need to consider the development of a directory of African research and researchers, not the institutions only for exchange within the region.

Today we discussed networks and networking and I would like to emphasize that we have to be more aggressive about our networks and networking.

Now the library issue; libraries and documentation centers are a major need and should not have to be a part of other projects. We are throwing this to the donors to discuss and try to find out whether they could not help to develop one or two large strategically placed libraries and documentation centers whithin the region. If these are developed with modern communications they should be able to help work over many parts of Africa.

Now from these meetings I hope there will be some kind of a publication and that the publication will reflect some of these needs. I hope your steering committee will work well and will try to help tackle a task so wonderful and so full with difficulties and dangers.

To conclude, I would like to thank those who had the thought and those foundations who supported this meeting and you, Mr. Chairman, for a very good meeting. The African institutions and researchers are asking for support of the donors; they are asking not because they feel like beggars, but they feel like partners who are coming late to the table. They feel, like I said earlier, that Africa's omission to provide knowledge of itself is hindering world progress and this must be altered. Personally, I came to this field only by accident. I trained in internal medicine and public health, and know little about Demography. Now I have had to appreciate the disciplines in this field I have a lot of respect for those of you who are still staying in African institutions, helping to train the next generations and helping to do research under such very difficult circumstances. I would end by quoting a poet who was writing on a theme that we do not want to hear about in Africa: mercenaries. I will paraphrase what he said, "*it is your shoulders that are holding the sky; it is your feet that are keeping the foundations on which our future will be built*".

I have confidence that the donors' help will be given and given generously to support those institutions that are striving today and struggling. They must be maintained, if the rebuilding is to start. Institution building is a long-term endeavour and with your help and our enthusiasm and dedication it can and should be done. Thank you very much.

DONORS MEETING
NOVEMBER 3-4, 1988
SALY-PORTUDAL, SENEGAL

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